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Original Articles.

ASTHMA.

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ical Association, and Mississippi Valley Medical
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DEFINITIONS.

"ASTHMA.—An affection characterized by severe paroxysmal dyspnœa, recurring at more or less marked intervals, generally in the night; the dyspnœa being due to spasmodic contractions of the bronchi, produced by a variety of causes."—(Quains' Dictionary of Medicine.)

"Asthma may be defined as dyspnœa of a peculiar urgency and violence, generally paroxysmal and recurrent; often periodic; not necessarily attended by cough or expectoration; accompanied usually by dry râles, and compatible with easy and healthful respiration in the intervals of the attacks."—(Reynolds' System of Medicine.)

"A violent form of paroxysmal dyspnœa, not dependent upon structural lesion; with great prolongation of the respiration, and with the absence of all symptoms of the disease during the intervals between the attacks. Its synonyms are 'asthma convulsivum' (Willis), 'spasmius bronchialis,' (Romberg), 'asthma nervosum,' 'krampf der bronchien,' (Pepper's System of Medicine, Beimer.)

A most zealous advocate of the spasm theory of asthma as a neurosis depending upon tonic spasm of the bronchial muscles, and caused by faulty innervation of the pneumogastric nerve "claims that this

theory is confirmed by clinical experience; that the suddenness with which the attack comes on and disappears, the long and forced expiration, with the sibilant râles and other evidences of stenosis which accompany it admit of no other explanation." As proof of this, spraying the rhino-pharyngo-laryngeal chambers with cocaine, the internal free use of chloral or the hypodermatic injection of morphine, or the latter and atropine, inhalation of ether or chloroform, or the relaxing effects of ipecac, antimony or apomorphia by nausea, with the immediate disappearance of the paroxysm and the concomitant symptoms, and the absence of morbid anatomy to indicate the specificity of asthma, the suddenness of its coming and going, the intervals of repose, the enjoyment of perfect health at these interludes, explain its neurotic origin.

Lebert considers that bronchial spasm is an all-important factor; denies that it is in itself sufficient to account for the sudden and enormous inflation of the lungs observed in that disease. He doubts the possibility of a valvular closure of the bronchi, but believes that the bronchial spasm, which he regards as primary, causes secondary contraction of the diaphragm and inspiratory muscles of the neck and chest.

Theodore Weber discards the above theories, because neither bronchial spasm nor contraction of the diaphragm explains why catarrhal secretion should come out at the close of an attack in which at the commencement there was no catarrh. He attributes the phenomena of asthma to sudden swelling of the bronchial mucous membrane, the result of dilation of the bloodvessels, produced through the agency of the

vaso-motor nerves—thus reviving the fluctuatory theory of Traube.

To prove this theory Van Loven's experiments are cited: these experiments prove that irritation of the sensory nerves is followed by the reflex engorgement of the territory to which they are distributed.

Weber considers that this engorgement of the bronchial mucous membrane is somewhat similar to the acute swelling and stoppage of the nostrils to which many persons are subjected, a closure which does not last longer than a few moments, and which is attended with increased redness and swelling of the Schneiderian membrane. The mucous membrane of the nostril and that of the bronchi being both parts of the respiratory tract and somewhat similar in structure, he concludes that the process in the nostril is analogous to that which occurs in the bronchi during the asthmatic paroxysm. He cites the fact that such occlusion of the nostril is often the precursor of the asthmatic attack, and in some cases continues throughout. He refers to the investigations of Daly, Roe, Allen and Hock.

Max Schaeffer maintains that asthma is due to bronchial fluxion, as advocated by Weber; but claims that hyperæmia is followed by spasm of bronchial muscles, the former being primary, the latter secondary. Reid, with the most recent writers, believes that asthmatic attacks are due to pathological conditions in and about the upper air passages, such as naso-pharyngeal and laryngo-tracheal catarrh, polypi, hypertrophies of turbinated processes, tonsils, both facial and pharyngeal, or one or both, and enlarged cervical glands. The writer believes deviated septums, nasal occlusion, diseases of the antrum maxillare, decayed teeth and impacted cerumen in auditory canal—all of which act as irritants, and, the irritation being transmitted through adjacent nerves to the organs—cause bronchial spasm.

PATHOLOGICAL ANATOMY.

Bronchial asthma is purely a neurosis. No ante- or post-mortem anatomical lesions are found to indicate a disease peculiar and specific to asthma. The most that can be said (pathologically) is that there are certain functional disturbances which disappear with as much certainty and rapidity as they appeared, and that asthma, as a rule, is but the sequel of some lesion in the upper respiratory tract; most commonly one or more forms of chronic naso-pharyngeal catarrh, or pharyngo-laryngeal, or tracheo-bronchial catarrh for the predisposing cause; and acute or sub-acute catarrh of the upper air passages for the exciting cause—either a rhinitis, rhino-pharyngitis, or laryngo-trachealis (or a rhinitis, ethmoiditis, sphenoiditis, or frontitis.)

There may be present only the dry or congestive stage of acute catarrh, the liquefactive or the mucopurulent, or there may be only the stage of irritation of the mucous membrane, and nerves supplying it, of the upper respiratory tract; and allaying this irritation, arresting the acute catarrh in one or more of its stages checks and cures the asthma for the *status præsens*; and curing any chronic catarrh of the upper air passages, removal of myxomata, fibromata, turbi-

nated hypertrophies, nasal occlusions, as enchondromata, exostoses, spurs and ridges on the septum, deviations of the septum, diseases of the antrum and decayed teeth, prevents the return of the asthma.

In some cases, irritation from tumors in the abdominal cavity, hepatic, gastro-intestinal irritation, may be transferred to the pneumogastric nerve and cause bronchial spasm. In cases of long standing, owing to often repeated attacks of asthma, the air-cells may become permanently distended, attenuated and ruptured; emphysema may result, or the pathological lesions of chronic bronchial catarrh and its accompaniments of the upper respiratory tract may be found on post-mortem examination.

Hyperdistention of the alveoli and impaired circulation of the blood by repeated attacks of asthma will also produce cardiac disease.

The dyspnoea of bronchitis, cardiac disease, emphysema, spasm of the glottis, oedema of the glottis, tracheal stenosis, spasm of the diaphragm, paralysis of the posterior crico-arytenoid muscles, and embolism of one of the middle or larger pulmonary arteries should not be mistaken for asthma. The asthma attending hay fever will not be discussed in this paper further than to state that the predisposing ætiological factors which cause asthma have also been found in hay fever: viz., diseases located in the upper respiratory tract, and that the medical, surgical, hygienic, and climatological factors which relieve and cure asthma have also cured hay fever.

Rheumatism and gout have an important role in asthma, and during sudden changes of weather or temperature asthma, bronchitis, or some skin eruption may appear, in the absence of a rheumatic or gouty attack. Uræmia from diseases of the kidneys may cause the most severe attacks of asthma.

The most constant change observed in the bronchial tubes, in old cases of asthma, is hypertrophy of their muscular fibers, causing thickening of their walls and diminished caliber. In other cases they are dilated, but this condition is due to the concomitant bronchial catarrh rather than to the asthma. Obstructed in its course through the lungs, venous blood accumulates in the pulmonary artery, and pressing back upon the right ventricle, excites it to increased action, which, in the course of time, leads to hypertrophy of its muscular fibers, and dilatation of its cavity. Or even syphilitic, lead, and mercurial poison may cause asthma through irritation of the medulla oblongata or the pneumogastric nerve, like the poison of rheumatism, gout, uræmia, or malaria.

Malarial asthma, while it is not so common as neuralgia, does often exist, and is relieved and cured by anti-malarial treatment.

Some of the most distressing cases of asthma the writer ever witnessed were due to a retroversion of the uterus, and pressure on the sacral nerves, the irritation being reflected to the pneumogastric; it took large hypodermic injections of morphine and atropine to allay the paroxysms; further attacks were prevented by reposition of the womb and adjustment of a pessary.

Reissein's discovery of muscular fiber in even the minutest bronchi, and the demonstration of their

electro-contractility by Fonget and Williams, gives an easy explanation of bronchial asthma, and leads to the conclusion that asthma is simply a neurosis. Various authors claim that asthma is inherited, even giving examples where the father and three of four children had asthma, and where the disease had appeared in four generations; or one generation may have had asthma, the next gout or rheumatism, the third epilepsy, and the fourth asthma.

The writer doubts the heredity of asthma, but believes that a neurotic diathesis is inherited, and that from certain predisposing and exciting causes asthma would be caused in one, epilepsy in another, and St. Vitus' dance in a third.

Riegall states that the action of the irritant in asthma may be explained in one of three ways, viz.: 1, both the spasm and the fluxion may be the common result of the irritant; 2, the catarrh may cause the spasm; or 3, the spasm may secondarily cause the catarrh.

Most cases of asthma occur in childhood; from one to ten years, seventy-one cases; ten to twenty years, thirty cases; twenty to thirty years, thirty-nine cases; thirty to forty years, forty-four cases; forty to fifty years, twenty-four cases; fifty to sixty years, twelve cases. (Salter.)

The reason that asthma is so much more prevalent in childhood is to the author's mind due to the improper management of the child at birth; even in half an hour after its advent, a rhinitis is developed from undue exposure and the rapid evaporation from the body and radiation of heat, the child starts in life with a cold, has continual recurrences, thereby establishing chronic or subacute catarrhal inflammation of the upper air passages, which, with its sequelæ, furnishes the most potent predisposition to asthma. Prognosis is good if the proper treatment is given before irreparable structural lesions have taken place. The patient starts wrong and goes wrong, until he falls into the hands of the rhinologist, and as a rule, in due time is cured. Asthma being a neurosis, that removal of the cause removes the effect is most cogently demonstrated; not only this, but prevention of the disease is also accomplished.

Children and adolescents recover, from proper treatment, the most rapidly.

Persons of rheumatic, gouty, or phthisical diathesis do not recover so rapidly.

Dr. F. H. Bosworth, in September *American Journal of Medical Sciences*, reports an analysis of eighty cases of asthma, with special reference to local diseases of the upper air tract, and concludes that asthma is a reflex disease. He divides asthma into hay asthma and perennial asthma, the former being a vaso-motor rhinitis, the latter a vaso-motor bronchitis, and believes they are virtually one and the same disease—the paroxysm being excited by favorable atmospheric conditions. Hay-fever depends on three conditions: 1, a neurotic habit, as shown by Beard; 2, the presence of pollen; 3, a disordered condition of nasal passages.

Asthma depends on three conditions, viz.: 1, neurotic habit, as shown by Salter; 2, disease of nasal mucous membrane; 3, obscure condition of atmos-

phere. He says that a large majority, if not all, cases of asthma are dependent upon some obstructive lesion in the nasal cavity. This is proven by the relief furnished by local application of cocaine, and by the permanent relief of so many cases by removal of the obstruction in the upper air passages. Thirty-four of Dr. Bosworth's eighty cases of asthma had hay asthma, forty-six had perennial asthma; twenty-nine of the cases of hay asthma, and thirty-three of perennial asthma had nasal symptoms preceding the attack; sixty of the cases were ushered in by sneezing and other nasal symptoms; eighty-four gave a history of catarrhal trouble. Of the thirty-four cases of hay asthma, when examined as to local diseases in the nose, nine had hypertrophic rhinitis; twelve had hypertrophic rhinitis and deflected septum; four, polypi; five, polypi and deflected septum; three, deflected septum; and one had elongated uvula.

Of the forty-six cases of perennial asthma, thirteen had hypertrophic rhinitis; eleven, nasal polypi; eleven hypertrophic rhinitis and deflected septum; six, polypi and deflected septum; two, adenitis and hypertrophic rhinitis; thus showing that all of the eighty cases of asthma presented and examined as to condition in the nose, presented some obstructive lesion. The treatment of these eighty cases was the use of caustic, the nasal saw and the snare. In all the hay asthma eighteen were cured, fourteen improved, one unimproved, one unknown. In the cases of perennial asthma twenty-eight were cured, twelve improved, two unimproved, and four unknown. The writer has had under observation between twenty and thirty cases of asthma, and can confirm the tabulated analysis of Dr. Bosworth. In fact, the above is the uniform experience and observation of all practical rhinologists.

The statistics of Salter show that persons from one to ten years of age are subject to asthma. This, no doubt, is due to the fact that in addition to the improper and unhygienic treatment given the infant at its birth, producing a chronic or subacute rhinitis, scarlatina, measles, whooping cough, diphtheria, and roseola bring about the most favorable predisposing causes of asthma, viz.: diseases of the upper air tract. From ten to fifty years is the next prolific period for asthma to appear. Besides these conditions just enumerated may be mentioned improper dress, the follies of fashion, the use of tobacco, alcoholic beverages, dipping, the use of snuff, and certain occupations, such as milling, cigar making, blacksmithing, hemp breaking, that make a most powerful predisposition to asthma, viz.: chronic catarrhal inflammation of the upper respiratory tract.

A lady, aged twenty-five, mother of two children, eight weeks after her second confinement consulted the writer. She had chronic naso-pharyngitis, subinvolution of the uterus, recto-anal fissures, and spasm of the sphincter ani, and was subjected of late to asthmatic attacks. Divulsion of the sphincter ani, and curing the subinvolution and the catarrhal inflammation of the upper air passages, cured and prevented a return of the asthma, proving conclusively that the asthma was a neurosis. There was no permanent relief until after divulsion.

One of the most distressing forms of asthma is uremic asthma. In the treatment of this variety there are three indications; viz.: 1, to eliminate from the system the poison already present; 2, to prevent its deleterious effect upon the nerve centers and terminal nerves; 3, to prevent the further, or excessive formation of urea. The first is done by the hot air bath, hot water and steam bath, or pilocarpine, causing copious diaphoresis; by digitalis, acetate of potash, and frequent draughts of hot water, washing out the kidneys and urinary tract by free diuresis; also, by the elimination of waste products and their decomposition by hydragogue cathartics. The third indication is to circumscribe the diet, feeding the patient on milk, preventing the formation and absorption of further poisons. The second indication is met by the antidotal effects of morphine on the terminal nerves and on the nerve centers. Dr. Stephen MacKenzie (*London Lancet*, and *Am. Practitioner and News*) states: "I think all the facts of uremic dyspnoea, its periodicity, sudden onset, and relief by anti-spasmodics, point to a spasmodic neurosis, due to poisoning of the nerve centers, and suggest that the spasm is rather of the bloodvessels than of the bronchial tubes. Besides the hypodermic use of morphine in renal asthma I have seen the happiest results in cases of uremic convulsions and coma. Patient, a female about twenty years of age, had been comatose twelve hours or more, and had had from one to three convulsions every hour. The case had been diagnosed as 'hysteric coma and convulsions.'" One-fourth grain of morphine was given hypodermically, convulsions lessened; in two hours another fourth of a grain was given, and in an hour convulsions had ceased. In two hours from the administration of the last dose another was given. An hour afterward patient was partially conscious; in three hours was conscious, thoroughly at herself and talked freely. Pupils had contracted to normal size; pulse was full, strong and regular; respiration and temperature normal. With every dose of morphine thirty drops of tr. of digitalis was given.

To Prof. Alfred Loomis, of the University of New York City, Medical Department, the profession is indebted for the use of morphine as an antidote to uremic poison. He states that when premonitory symptoms of acute uremia were found, as well as during the active manifestation of uremic intoxication, so far as he is able to judge, its administration has been uniformly followed by good results. In no instance is he aware that he has caused a fatal narcotism. Dr. Loomis has given half grain to grain injections to a patient in complete coma. He claims positive relief of distressing and dangerous symptoms, and in addition: 1, arresting muscular spasm by counteracting the effects of the uremic poison on the nerve centers; 2, establishing free diaphoresis; 3, facilitating the action of cathartics and diuretics, more especially the diuretic action of digitalis. To the expert diagnostician in renal as other asthmas, morphine is a therapeutic remedy of the highest value. The writer believes it has a special effect, as has also belladonna, on the spheno-palatine ganglion.

One of the centers of the sympathetic nervous sys-

tem, the spheno-palatine ganglion, supplies branches to the nose, throat, soft palate, and Eustachian tube. It possesses a sensory, a motor, and a sympathetic root. It is connected with the pneumogastric and facial nerves, and through its numerous connections an intimate sympathetic relation is established between the throat, nose, ear, larynx, and bronchial tubes. Removal of this ganglion causes a severe catarrhal condition of the nasal mucous membrane. This membrane is continuous with that which lines the eyelids and nasal duct, the throat, Eustachian tubes, middle ear, larynx, trachea, and bronchial tubes. An irritation or congestion started in the nasal chambers may extend reflexly to the pneumogastric nerve, and cause asthma by bronchial spasm, or the irritation may be so great as to cause in addition to asthma acute or sub-acute catarrhal inflammation of the upper air passages and bronchial tubes. Opium and its preparations and belladonna have a specific effect in allaying irritation and checking inflammation, and secretion in the upper air passages locally, by acting on the nerve centers, and are highly important, not only during the paroxysms of asthma, but in the intervals to assist local treatment in allaying chronic irritations and congestions. In connection with quinine and nuxvomica they exert a powerful tonic influence on the vaso-motor nervous system. Given in tonic doses three times a day, they prevent the return of the asthma, while the intra-nasal disease is being cured locally; they also prevent acute and sub-acute catarrhal inflammation in the upper air passages.

The majority of the cases of asthma that I have seen, being those affected with nasal diseases, especially chronic naso-pharyngitis and hypertrophic rhinitis.

"Glonoin" has an important place in the treatment of the paroxysm, and during the intervals; through its effect on the vaso-motor nervous system; the tabloids being administered every three or six hours. Chloral hydrate has a decided action in allaying the attacks of asthma. When the paroxysms are very violent and threaten life, chloroform by inhalation is indicated, and proves helpful. In asthma attended by bronchitis and laryngitis fluid extract of *grindelia robusta*, paregoric, and syrup of yerba santa, equal parts, every two, four, or six hours, has proven valuable; but at some future time the asthma has returned.

Wine of antimony, or ipecac with paregoric, and fl. ex. *grindelia robusta*, equal parts to check and prevent a return of the asthmatic paroxysm, has proven a valuable prescription.

Where there is a malarial, rheumatic, gouty, or syphilitic dyscrasia, or mercurial, or lead poisoning, the appropriate treatment constitutionally for these affections must be given during the intervals of repose. Any gastro-intestinal or hepatic irritation must have its share of treatment.

As most asthmatics general health is impaired, especially those who have had long standing chronic intra-nasal irritation and disease—there is an innervation of the vaso-motor nervous system, attended with marked anæmia and neurasthenia, that demands

for its amelioration iron, quinine, strychnine, phosphorus and electricity.

With these patients, chromic acid applied to the turbinated process has checked the paroxysm of asthma almost instantly, and without the previous use of cocaine locally. In one case, a hay fever patient, it was applied to the inferior and middle turbinated; in bronchial asthma, twice to the middle turbinated, and once to the superior turbinated processes.

The local treatment of asthma has consisted in treating intra-nasal diseases for chronic rhino-pharyngitis, or the latter, and laryngo-tracheitis, a two or four per cent. solution of muriate of cocaine is sprayed into the upper air passages, followed by soothing, non-irritant, mild, astringent, antiseptic and protective medicines—vaseline being the base, in the form of a spray, every day, or every other day *pro re nata*—using either with DeViehe's or Rumbold's spray-producers. Where hypertrophic rhinitis, or intra nasal myxomata, or fibromata, enchondromata, septal spurs, or ridges, deflected septums, or foreign bodies lodged within the nose exist, chromic acid, the snare, galvano cautery, nasal drill, burrs, forceps, saw, or punch, should be used in addition to the medical treatment to effect a cure. The vaseline and cocaine spray, with some antiseptic, should be used after an intra-nasal operation, to protect the lesions and tissues, prevent congestion, and render the parts and secretions aseptic. Besides numbing the tissues with cocaine, spiritus frumenti, taken internally, half an hour before operation, one or two ounces every five minutes, enough to cause partial anaesthesia, or intoxication, without unconsciousness, has proven a most valuable anaesthetic, and in intra nasal surgery is to be preferred to chloroform or ether; it can be used with or without cocaine locally; should too much of the latter be used, whiskey would be prophylactic against poisoning.

This paper would be incomplete should injunctions of vaseline and the systematic use of massage daily be omitted.

Concerning the climatic treatment of asthma these facts have been observed, viz.: that asthmatics with chronic rhinitis, or hypertrophic rhino-pharyngitis, attended with copious secretion, do best in a dry, high, warm attenuated atmosphere; those with atrophic rhinitis do best in a moist, warm atmosphere of low altitude. Asthmatics, with the mixed form of rhinitis, viz.; the hypertrophic and atrophic combined, do best in a warm, moist, low atmosphere, or a high, warm, dry locality, depending upon the predominance of the former or latter variety of disease.

Patients have found great relief from asthma and intra-nasal disease by a sojourn in Texas about San Antonio; Orlando, Florida; Thomasville, Ga.; New Mexico, and Southern California; in fact, claim to be well, entirely unconscious of any nasal irritation or disease. One patient claims the dry, dusty atmosphere of Colorado aggravated and increased the nasal disease, and made the paroxysms of asthma more violent and their recurrence much oftener. Another patient was entirely free from asthma so long as he lived in Louisville, Ky., but had recurrences on coming to the country and remaining a few days.

ASTHMA.

By E. S. MCKEE, M.D.,
CINCINNATI.

VARIETIES.

WITH etiology as the basis, we recognize four varieties, viz.: That coëxisting with chronic bronchitis; that with emphysema: the uncomplicated asthma; the so-called cardiac asthma. Brugelmann¹ in his excellent writings on this subject divides the kinds of asthma into:

1. Nasal asthma.
2. Intoxications asthma.
3. Pharyngo-laryngeal asthma.
4. Bronchial asthma.
5. Neurasthenic asthma

Epileptic asthma is a variety described by Poulet.² He thinks this form merits the name of epileptic neurosis of the gastro-pulmonary filaments of the vagus nerve. It is characterized by varying paroxysms, succeeded by health. In many instances these attacks are preceded by pain in the head comparable to an epileptic aura. They come on during the day, and vomiting is a frequent symptom. It is the peculiarity of the affection that it is not improved by the routine system of asthmatic treatment, but is successfully combated with that of epilepsy. This guides us to the adoption of a new line of treatment of remarkable efficacy. Thymic asthma, described by Kopp, is considered by him nothing less than epilepsy analogous to asthma. He designates it as epileptic asthma; instead of emanating from the gastro-pulmonary filaments of the vagus nerve, it has its seat of origin in the laryngeal filament of the eighth pair of nerves.

Holm³ describes an inspiratory dyspnoea which has not been previously brought before the profession. One peculiarity is that the paroxysms never come during the night. He considers this disease a neurosis of the phrenic nerve, and does not think it the psychical asthma of Hecker and Leyden.

Pathology has not been replete with advances during the past year in this intractable trouble. Hypertrophy of certain portions of the Schneiderian membrane is considered a very important discovery made by Campbell.⁴ These hypertrophied points are believed to be potent parts of irritation and their destruction by means of the galvano-cautery has been followed by excellent results. It is quite possible that in ordinary asthma these points of hypertrophy may exist also in the tracheal and bronchial mucous membrane.

Etiology.—Bosworth⁵ considers asthma dependent upon: a general neurotic condition, a diseased condition of the nasal mucous membrane, some obscure conditions of the atmosphere exciting the paroxysms. From the immediate relief experienced from the use of cocaine in the nose during the exacerbation, this author is led to believe that a large majority of cases of asthma are dependent upon some obscure lesion in

¹ Deutsche Med. Zeitung.

² Journal de Medicine de Paris.

³ Nordsk Magazin for Laegevidenskab.

⁴ Canada Med. Record.

⁵ Amer. Journal Med. Sciences.

the nasal cavity. Also, the same conclusion is reached from the cure of so many cases by the removal of the obstructive lesions in the upper air passages. The most intricate, most delicate and most important part of the whole respiratory tract lies in that mass of bloodvessels which we call the turbinated tissues, and which serve to supply the inspired air with moisture. In his opinion, this unquestionably establishes a most intimate connection between the two portions of the respiratory tract. The blood supply in the nose being regulated by the same vasomotor tract as that which regulates the blood supply of the bronchial tubes, a disturbance in one region is likely to be followed by a disturbance in the other. A diseased condition of the nasal cavity might predispose a neurotic patient to an attack of asthma under favorable atmospheric conditions.

Walsh¹ considers the causes predisposing and exciting, and also that heredity plays an important rôle on the former. Anything which will produce an irritation of the terminal ends of the respiratory nerves will produce a paroxysm.

At present there are three theories in vogue to explain the causation of the asthmatic paroxysm. The theory of bronchial spasm, the theory of spasm of the diaphragm, associated or not with spasms of other ordinary or extraordinary muscles of respiration, and lastly, the theory of constriction of the bronchi by swellings of a hyperæmic, herpetic, or urticaria-like character.

A fourth theory is offered by Bosworth,² who thinks a large majority, if not all, cases of asthma are dependent upon some obstructive lesion in the nasal cavity.

One of the noted subjects of idiosyncrasy is Prof. Austin Flint,³ who cannot sleep on a feather pillow. He is so susceptible that he is able to detect feathers placed under his pillow by persons whose design is to catch him in his idiosyncrasy.

Treatment.—Antipyrin has been quite successful in the hands of Dodge.⁴ After a trial of lobelia, grindelia robusta, iodide of potassium, and pyridin, he gave fifteen grains every three hours during the night, and five grains every three hours during the day. Apomorphine and antipyrin have been found of much benefit by Bories.⁵ In despair he injected $\frac{1}{2}$ grain apomorphine. Prompt emesis ensued, and the patient sank back on her pillow in a deep sleep, from which she did not awaken for four hours. In a subsequent attack she suffered from a severe headache, for which antipyrin was prescribed with much benefit both to the asthma and the headache. Hyoscianum is recommended by Musser,⁶ $\frac{1}{120}$ grain internally every three hours, or, if a rapid effect is desired, $\frac{1}{120}$ grain hypodermically for the spasmodic asthma of emphysema.

Brügelmann⁷ approves the dictum of Boecker, "In

the treatment of asthma the treatment of the whole constitution of the patient is of the greatest importance." He considers iodide of potassium of service in bronchial asthma, and of some temporary benefit in the toxic form. Arsenic he thinks of no effect except in the neurasthenic asthma. Amylene hydrate did good service in nasal and pharyngeal, and also in bronchial, asthma, although the relief was transient. In his hands cannabis indica had proven a very uncertain drug. Pyridin was of temporary benefit in a few cases of bronchial asthma, but failed in all other cases, especially when severe. Cocaine, administered internally and by injections, at times gave surprising results in neurasthenic asthma. It frequently fails in other forms, and causes alarming symptoms. Chloral is indispensable, as it gives the required rest in all varieties. He finds the induced current acts very strikingly in bronchial asthma; and also sometimes in the toxic form; but in the other varieties it is inactive. The constant current he has found without result. One of the oldest and most valuable agents as a palliative is the smoke of some burning stramonium. This is especially effective in toxic and bronchial asthma, and to a less degree in the neurasthenic variety; in the other forms it is useless.

Ferrand,¹ just at the onset of an attack, gives a warm mustard pediluvium; then burns some nitre paper, and has the patient smoke a Trousseau cigarette. This is followed by a hypodermic of chlorohydrate of morphine, one or two centigrammes with or without ether. Inhalation of chloroform may be tried. If the patient can take it, he gives about five grammes of wine of ipecac, after the manner of Graves. When the crisis has commenced, he has the patient place his hands in a jar of hot water. Then he has the sufferer inhale a little ammonia or aromatic essence—pure, or mixed with some chloroform. The following mixture must be taken every five or ten minutes: Aqua laurocerasi, six grammes; laudanum de Rousseau, four grammes. Take five drops at a time, in some infusion of orange flower, to the extent of twenty-five or thirty drops. This treatment can be completed by a hypodermic of morphine and atropine. He gives something to assist expectoration. During the period of freedom from the attack the patient must take before dinner and supper twenty-five grains of iodide of potassium, with some expectorant. Morning and evening he gives a Kermes pastille, with a pill composed of ext. stramonium and valerianate of zinc; of each $1\frac{1}{2}$ grains. Every two days the patient takes a physic composed of senna and cream of tartar, and the other days the hot mustard foot bath. In cardiac asthma with hypertrophy complicated with rheumatism, Ferrand gives the following prescription each morning when the patient is having no attack: twenty-five grammes of iodide of sodium in an expectorant infusion; and in the evening, before the repast, he gives the bromide of sodium and syrup of aconite in an infusion of hops. In the evening, on retiring, the patient takes fifteen to twenty drops of etherized tincture of digitalis, and as much lobelia. Two or three times

¹ Chicago Med. Times.

² Am. Jour. Med. Sc.

³ Pacific Med. Record.

⁴ N. Y. Med. Journal.

⁵ South Cal. Practitioner.

⁶ Phil. Med. Times.

⁷ Deutsche Med. Zeitung.

¹ Journal de Med. et de Chirurgie.

a day, in cases of an attack, he has the patient inhale four or five grammes of pyridin, which is placed on a plate near him.

Lepine¹ says the inhalation of carbonic acid gas by Weill has shown itself, even to the present time, a useful and innocent remedy in certain cases of dyspnoea, especially those of the tubercular variety. Its action on the dyspnoea and on the spasms of coughing is very great; the relief continues sometimes for several hours, and even days. It will remain a happy and easy application of the beautiful discovery of Brown-Séquard.

Chaban² has made a large number of experiments with inhalations of carbonic acid gas, and invented a number of instruments used with this treatment. He considers carbonic acid inhalation superior to any other empirical treatment; for example, morphine, because it is permanent, and the effects of intoxication are not risked. In reality, the carbonic acid is absorbed in very little quantity. Its direct action is inhibitory on the larynx, and not indirect through the circulation.

Musser³ recommends hyoscyamus, grain $\frac{1}{10}$ internally every three hours. If a rapid effect is desired, grain $\frac{1}{10}$ to $\frac{1}{15}$ hypodermically for the spasmodic asthma of emphysema. Nux vomica he gives as a respiratory stimulant, and terebene or oil of eucalyptus for the accompanying bronchitis, diminishing the hyoscyamus as the other drugs are increased.

Gaul⁴ has had beneficial results from the use of the weed known as Spanish needle (*bidens bipinnata*).

Lewis,⁵ and many others, have borne testimony to the benefit of smoky atmospheres. The immunity of certain patients in London, and other large cities, has long been noticed.

A case of poisoning by Himrod's powder is reported by Thorpe.⁶ Williams⁷ highly favors the use of iodide of potassium. He thinks the effect is due to the action of the iodine in reducing the enlarged bronchial glands. The indications for prescribing this remedy are: 1. The absence of catarrh; 2. The well-marked presence of the neurotic element; 3. The detection of dullness along the right or left edge of the first portion of the sternum, or in one or both interscapular regions, showing enlargement of the bronchial glands. He combines arsenic with the iodide of potassium, deriving much benefit from the mixture. The application of rarefied or compressed air in bronchial asthma has been used to a considerable extent by Williams, and almost invariably with excellent results. The great relief comes from the reduction of the chest circumference, the reappearance of hepatic and cardiac dullness, by the great freedom of respiration, as well as many other minor improvements. Contra-indications are: Distinct valvular disease of the heart, extensive cardiac dilatation, fatty degeneration of the heart, or atheromatous degeneration of the arteries.

Poulet¹ has obtained marvellous effects in his so-called epileptic asthma from bromide of potassium in six gramme doses daily, in conjunction with six milligrammes of picrotoxine and an equal amount of soda. The paroxysms were almost entirely suppressed at one stroke, as but a single attack occurred at the end of ten days.

Savisza,² after having tried a legion of highly recommended anti-asthmatic means, including iodine, tincture of lobelia, nitrite of amyl, nitro-glycerine, paraldehyde, aspidospermin, pyridin, etc., has found that the hypodermic injections of morphine, in moderate doses, about one eighth grain, render the best service.

Nitro-glycerine,³ one drop doses of a one per cent. solution, promptly relieves the asthmatic seizures. It will remove the helmet-like headache in one minute. Inhalation of oxygen and cocaine by insufflation, according to this authority, is highly beneficial.

Bosworth⁴ emphasizes the fact that local treatment of the inter-nasal disease affords by far the most satisfactory method of controlling this distressing and hitherto uncontrollable disease. He found this particularly true in cases under twenty years of age.

Weill⁵ uses carbonic acid gas to relieve dyspnoea. He has the patient inhale the pure gas from five to ten minutes at a time, using two to five litres once or twice a day. This treatment was suggested to him by observing the experiments of Brown Sequard on the inhibitory effect of a current of carbonic acid gas on the larynx. In using the gas, there seems to be an abolition of the reflex sensibility of the pharynx and larynx. The gas appears to cut the paroxysms short when given during the attacks, and the palpitations which followed were much diminished; the cough stopped and the respiration fell to half its previous rate, while the patient at once experienced a feeling of relief. If used between the attacks, it has the effect of preventing them and diminishes their frequency.

Linossier⁶ has confirmed the experiments of Weill. He found the dyspnoea and cough both quickly relieved by the patient simply inhaling the gas given off from a glass containing a solution of bicarbonate of soda and tartaric acid in effervescence.

Ellis⁷ has found quebracho (*aspidosperma quebracho*) a good remedy for dyspnoea. He has not observed the disagreeable effects, as headaches, partial unconsciousness, dizziness and copious salivation, reported by some. He gives a teaspoonful of the fluid extract of quebracho, repeated every hour as required. The second or third dose usually produces the desired effect. He accepts as plausible the hypothesis of Penzolat that this remedy enables the blood to take up more acid than usual and thus to satiate the intense demand.

Chabanne⁸ describes a simple method of manufact-

¹ Ther. Medical.

² Journal de Med. et de Chirurgie.

³ Phil. Med. Times.

⁴ Med. Summary.

⁵ Med. World.

⁶ London Lancet.

⁷ Am. Jour. Med. Sc.

¹ Journal de Med. de Paris.

² Gazetta Laverska.

³ Ed. Med. Register.

⁴ Am. Jour. Med. Sc.

⁵ La France Med.

⁶ Lyon Med.

⁷ Lyon Med.

⁸ Therap. Gazette.

uring this carbonic acid gas. Into a bottle closed with a rubber stopper he passes a tube; in the bottle are placed twelve grammes of tartaric acid and fifteen grammes of bicarbonate of soda, a quantity sufficient to produce four or five litres of carbonic acid. The patient places the tube in his mouth, and the gas is very easily inhaled on account of its force of expansion. This can also be done with a common glass.

FRACTURE OF THE PATELLA CASE.

By J. O. MARSH, M.D.

MADISONVILLE, OHIO.

ON the evening of the 24th of March, 1888, P., on attempting to enter his carriage, placed his right foot on the step, which was coated with sleet, and in the act of mounting his foot slipped from the step, and the powerful involuntary muscular action resulting produced a transverse fracture of the right patella, which was attended with an audible snap. He was helped into his carriage, which was driven immediately to my office, and I accompanied him to his home. With a little assistance he dismounted from his carriage, and walked up stairs to his room without flexing the right knee, and he was in bed within twenty minutes after the accident.

There was no pain or perceptible swelling. When the knee was flexed at a right angle, the fragments separated about one and one-half inches; but, on straightening the limb, the fragments were in apposition and the line of fracture was perceptible to the touch only. A temporary back splint of pasteboard was bandaged to the limb for the night, and on the following day a back splint of plaster, extending from the junction of the upper and middle thirds of the thigh to a little above the ankle, and encircling a little more than half the circumference of the limb, was applied, with wet crinolene bandages above and below the knee; a dry roller of muslin being applied over the joint for convenience of frequent inspection. After two or three days the patient was permitted to sit up, with the injured limb resting on a board cushioned with a pillow and swung from a tripod. Being a railroad manager, with a telegraph instrument in his house, he immediately resumed the business of his office and performed such duties as circumstances would permit. His sleep was undisturbed, his appetite good and his digestion perfect; and although quite fleshy at the time of the accident, he actually gained in weight during his confinement to his room.

At the end of six weeks a leather splint that could be fastened to the limb by lacing, and which left the knee uncovered, was substituted for the plaster, and daily passive exercise of the joint was instituted, and the patient was allowed to move about the room on crutches. He was informed of the danger and frequency of re-fracture in such cases, and admonished to exercise the greatest care and watchfulness to avoid such an accident. All went well until the end of the eighth week, when, in descending a stairway

without his crutches, simply holding to the railing for support, his toe caught in the carpet, and thinking he was about to fall, made an involuntary effort to save himself, and the muscular action sundered the fibrous union between the fragments of the fractured bone. Up to this time the progress and condition of the case was entirely satisfactory.

The fibrous band between the fragments held them so closely and firmly that when the knee was flexed at an angle of 145° the separation was barely perceptible to the touch. Some swelling and soreness followed the re-fracture, and the fragments could not be brought closer together than about a quarter of an inch when the limb was straight. The plaster splint and bandage over the knee was again applied, as at first. The patient was greatly chagrined and disconcerted by this second accident, but could not be dissuaded from carrying out a resolution previously formed to go out on the line of his road; and two days afterward he was removed to his private car, where he was as comfortable and well cared for as in his residence. His car was transferred from one place to another, as his business required.

Ten days after the second accident, the swelling having subsided, the leather splint was again applied, and passive exercise resumed about three weeks later.

About six weeks after the re-fracture, while attending the interment of a daughter, he was startled by the kicking of a carriage horse, near which he was standing, and again made violent exertion to avoid the danger. The bond of union between the fragments stood the strain, however, and no harm resulted.

At the end of five months from the first accident, all restraint was removed from the joint, and although there was considerable stiffness, the patient walked fairly well by the aid of a cane. He gradually acquired better use of the limb, till sometime in May last, about fifteen months after the first accident, while walking on the street in Chicago, he slipped on a banana peeling and fell with the injured limb doubled under him, flexing the knee completely. This resulted in a more violent inflammation of the joint than any previous accident. In ten days, however, he was again on his feet, and to his great delight, he found he had better use of the limb than before the fall, which had broken up all adhesions and removed the stiffness.

At the present time, there is a separation of about one-quarter inch when the knee is flexed at right angles. He walks without a cane, and without perceptible halting or limping, and begins to ascend stairways in the usual way, aided only by the hand-rail.

Although fracture of the patella is said to be a very common accident, this is the first and only case I have had to treat in a practice of twenty-seven years. It may be produced by muscular action, when it is always transverse, or it may result from direct violence, when it may be transverse, oblique, vertical or stellate.

Of transverse fracture of the patella Pick says:

"This is the more common form of fracture, and is produced by muscular action, the patella being more often broken by this means than any other bone in the body. The manner in which the fracture is pro-

¹ Read before the Miami Valley Medical Society, October 1, 1889.

duced is peculiar, and not simply the result of the muscular contraction tearing the bone asunder, for the lesion would never be caused by the muscles simply pulling off the upper fragment. It occurs when the knee is in a position of semi-flexion. At this time, the middle third of the articular surface of the patella is in contact with the condyles, the upper portion of the bone projecting above them. Under these circumstances a violent contraction of the quadriceps extensor, which acts in a line nearly at right angles to the vertical axis of the patella, may snap the bone in two, much in the same way as a piece of stick may be broken across the knee.

"In transverse fracture of the patella, from muscular violence, the fraction is always, I believe, complete, and the fibrous structures which cover it in front, and the cartilage and synovial membrane on its articular surface are also torn. In these cases, therefore, the joint is always opened. In consequence of this injury to the synovial membrane, the joint becomes rapidly filled with fluid; at first with blood, and subsequently with synovial fluid, the result of inflammatory changes in the membrane, in consequence of the injury."

If this author is correct, it must be admitted either that the case here reported was an exception, or that rupture of the synovial membrane and the consequent filling of the joint with fluid, may occur without being manifested by subjective or objective symptoms; for there was nothing to indicate such an occurrence at the time of the original accident.

Before proceeding to the treatment of this fracture, it may be of service to quote a point in the anatomy of the subject. Gray says:

"The tendons of the different portions of the quadriceps extensor unite at the lower part of the thigh, so as to form a single strong tendon, which is inserted into the upper part of the patella. More properly speaking, the patella may be regarded as a sesamoid bone, developed in the tendon of the quadriceps; and the ligamentum patella, which is continued from the lower part of the patella to the tuberosity of the tibia, as the proper tendon of insertion of this muscle. . . . From the tendons, corresponding to the vasti, a fibrous prolongation is derived, which is attached below to the upper extremities of the tibia and fibula.

The patella, then, is really imbedded in the tendon and forms a part of it, and the fracture may be regarded as a rupture of the tendon through the bone. The rupture, however, is rarely, if ever, complete. Some fibres on either side of the bone, and especially the fibrous prolongations from the tendons of the vasti, remain intact, and when the limb is straightened, these serve to bring the fragments into apposition, unless prevented by the effusion which takes place into the joint.

The simplest, and what is to day regarded by the best surgeons as the best method of treatment, is to maintain the limb in a straight position, at the same time making use of such measures as evaporating lotions, elastic pressure, or aspirations to get rid of the effusion within the joint. It is now also acknowledged by the best surgeons that while bony union of the fragments may occur, the ordinary mode of union

is usually fibrous, and that this fibrous band will usually become more or less stretched, or elongated, during the first year after the accident, and further, that notwithstanding this elongation may amount to three, four, or five inches, the patient ultimately acquires excellent use of the limb.

The subject of fracture of the patella has recently been under discussion in the New York Academy of Surgery, and also in the Philadelphia Academy of Surgery. Before the last-named society, Dr. Chas. B. Nancrede stated positively, and spoke from careful observations—that if there was a certain amount of separation at the time of the accident, there would be the same amount at the end of a year afterward, unless bony union is secured. He also stated that "there would be no separation, unless the fibrous hood of the quadriceps tendon is torn, and that the extent of the separation will be in proportion to the extent of this tearing." It follows then that all attempts to force the fragments into apposition by means of external pressure with straps or bands are not only useless, but may do positive harm, by tilting the fragments.

Various mechanical devices, applied directly to the bone or to the tendon in the immediate vicinity of the bone, have been used; such as the well-known Malgaigne's hooks and recent modifications thereof; wiring the fragments together, sutures passed through the tendon above and below the bone, and tied together. Any attempt to cut down upon the fragments and expose them for the purpose of wiring would not be justified, even if done by the strictest antiseptic method, for this would convert a simple into a compound fracture. Since the advent of antiseptic surgery, however, cases have been treated by subcutaneous wiring, resulting, it is claimed, in bony union.

Ceci, an Italian surgeon, brings the fragments close together with the fingers, drills them diagonally from one lower to the opposite upper corner, draws a wire through, passes it under the skin to the other lower corner, drills the bone again on the other diagonal, and draws the wire through it and then under the skin across to be twisted with its other end.

Another more simple method, which has been quite extensively used during the past year by some of the New York surgeons, and which is said to promise well, consists in passing a stout silk ligature through the tendon of the quadriceps and the ligamentum patella, close to the bone and twice across the front of the bone, through four punctures in the skin at the upper and lower corners of the bone, and drawing it snugly and tying it while the fragments are held together with the fingers or tenacula, the ligature of course being subcutaneous.

The only advantages thus far claimed for these recent subcutaneous methods are that the patient needs close attention only for a few days, or until the punctures in the skin shall have healed, and that he can then be dismissed with a plaster splint to be worn for a month, with no anxiety lest the adjustment of the fragments should be disturbed. And it may be added that the risk of re-fracture is greatly reduced, if not entirely prevented. In cases treated by the ordinary method re-fracture quite frequently

occurs, and many cases are on record in which the opposite patella has been fractured in an effort of the patient to save himself from a fall, that is so apt to occur in consequence of the stiffness or imperfect control over the injured limb.

Simple fractures resulting from direct violence may usually be treated by the same methods as those resulting from muscular action.

Compound fractures, which can only result from direct violence, are usually very grave cases, and often render amputation necessary. If the limb is saved, anchylosis must be expected.

PREVENTIVE TREATMENT AND DIAGNOSIS OF DIPHTHERIA.

By J. C. CARRICK, M.D.,
NEW YORK.

THE disease known as diphtheria has prevailed at times as an epidemic in various parts of the world from a remote period, and has been described by various writers in different countries and epochs under a great many names, which are only misleading in their nature. It was described by Bard by the name of *Angina Suffocative*, in 1789, and was clearly elucidated by Bretonneau in 1826, who applied the term *diphtherite*, whence originated the name diphtheria, proposed by Trousseau.

This name signifies formation of false membrane.

Diphtheria is eminently an epidemic disease. It is infectious and contagious, and is said to be caused by a class of germs known as the streptococcus.

Sporadic cases occur under circumstances which seem to render it impossible that a special germ of diphtheria had been introduced from without; but a similar spontaneous development of other contagious diseases occurs, so that single instances cannot overthrow the belief in the contagiousness of this affection.

Defective sewerage, imperfect ventilation, overcrowding, and other unsanitary conditions, favor in no small degree its development in both sporadic and epidemic forms.

Diphtheria, however, occurs under the very best hygienic surroundings, and there seems to be a very general understanding on the part of the profession that it arises from such causes as filth and sewer gas. It is true that a number of cases have been reported in houses that were extremely filthy, and a great many are found where, without the presence of the disease, no one would have thought of the occurrence of that or any other ailment, having been caused by the condition of the house or surrounding grounds.

Observations have been reported which show the possibility of the transmission of the diphtheritic poison by milk.

Dr. Lawrence, of Halstead, Kan., states that he was called to attend a three-year old girl with diphtheria; that she had not been exposed to the infection, although there were some cases within several miles of her father's house. He instantly learned that there was a sick cat upon the premises, which had been fondled by the little girl some days

before. The cat died shortly after its playmate became sick, and then a second cat died. Suspicions were aroused that the disease was conveyed by this animal. An inquiry revealed the fact that one neighbor had lost seventeen cats, and another fifteen, with some throat trouble. One of the farmers stated that he had examined the throats of some of the cats and found them covered with white membrane.

The cats are disposed to run from house to house at night, and one diseased cat may have been the means of conveying the disease to half the cats in the neighborhood, and they in turn carried it to the children, whom the parents were taking every means to protect from danger.

The Diagnosis of Diphtheria.—There is a form of tonsillitis called by various names—"spreading quinsy," "catarrhal diphtheria," and "croupous tonsillitis," etc., which is doubtless often mistaken for diphtheria, and doubtless accounts for some of the cures of the latter by honorable physicians under a misapprehension for lack of a name, or perhaps through ignorance; but more often by charlatans, for the purpose of exaggerating the cure. This, as well as some other forms of throat trouble, have too often had applied to them that abominable term, *diphtheritic sore throat*.

Billington, in his recent work on diphtheria, points out two important factors in making the distinction. He says, how shall the differential diagnosis be made? Not by the fact that the exudation is limited in tonsillitis to the tonsil or tonsils, for that is often true in diphtheria; nor by its short duration, for that is equaled by very mild cases of diphtheria; nor by the severity or mildness of the febrile disturbance, for that varies greatly in both; nor by the test of infection, for catarrhal tonsillitis is sometimes infectious; nor even by the presence or absence of albuminuria.

The first point is the *location* of the membraniform patches in follicular tonsillitis. These patches, being usually formed—wholly, or in part—as an exudation from the lacunar openings, or at least the result of an inflammation which involves the follicular portion of the tonsil, so that they are in relation to those openings, are consequently on the more central portion of the convexity of the tonsil, which is the site of the principal and most numerous openings. Diphtheritic patches on the tonsil are not usually limited to that portion, but have also a more lateral or marginal position.

The true diagnostic point is "*the relation of the patches to the lacunæ of the tonsil.*"

The second point is determined by *syringing* (not scraping or swabbing) *the throat with warm, salt water*. In follicular tonsillitis this will cleanse the throat of much deceptive material. The membraniform covering of the tonsil will be, in part at least, broken up and washed away, showing its superficial character and its relation to the distended lacunar orifices. A prompt and accurate diagnosis is thus made practicable by a simple and readily-available method in many cases in which it would otherwise be difficult or impossible. Like other ready methods in diagnosis, this must be used with due reserve and

discretion, especially by inexperienced physicians and at the time when diphtheria is epidemic; yet the number of cases are few in which these tests, when applied with "accurate observations," fail.

As soon as it is known that a person has diphtheria, he should immediately be isolated from the rest of the family, put into a well-ventilated room, plainly furnished, no other person besides the nurse and necessary attendants being allowed in the apartment. All discharges from the mouth, throat, and nose should be disinfected.

With reference to the therapeutical indications, I think it should be treated as any other contagious and infectious fever.

Antidote the specific poison. The main point in doing this is to destroy and remove and neutralize as much of the poison at a cardinal point of infection as possible. In my mind, bi-chloride of mercury is the proper treatment; but cauterizing applications have of late years, to a great extent, given place to it, and are supposed to be useful as a means of disinfection or for antiseptic effects. Remedies applied for this purpose are carbolic acid, salicylic acid, and permanganate of potash, chloral hydrate, and sulphate of iron. These applications in liquid form are best applied by means of the probang, or a spray producer. It is claimed by Dr. Chapman that alcohol, given early and in large doses, acts as an antidote, and that when conjoined with quinine, it acts as a curative agent. When you come to enumerate the things you can do in diphtheria, you find the number is not large. Control your patients' fever and disinfect the nostrils; dissolve the membrane; maintain thorough ventilation; and nutrition for the patient is of the first importance.

26 E. 29TH ST.

The Polyclinic.

MEDICO-CHIRURGICAL HOSPITAL.

INFLUENZA.

AN old physician was accustomed to say, on leaving his office for his daily rounds, that he was going to see his mucous membranes, thus emphasizing the fact that the largest part of his work consisted in the treatment of affections of these structures. Inflammation of a mucous membrane is commonly called catarrh; and is characterized at first by a thin, watery secretion, which in turn becomes cloudy, thick and yellow or greenish in color, and leaves tenderness, thickening and hyperplasia, with a diminution in secretory power, and a disposition to a return of the catarrh. At this season of the year a number of ordinary, non-specific catarrhs of the larynx and bronchial mucous membranes occur. But at present there is prevailing in Europe an epidemic of catarrh, called influenza, and we begin to hear of it in this country. It is probably not contagious, but this is exceedingly difficult to prove in an affection which is pandemic. The first case in New York was that of a woman who was attacked the day after receiving a letter from Berlin, where the disease was raging at the time the letter was written. For the last week or two there has

been an epidemic of severe, intractable colds, but not marked enough to attract attention. I do not think that all the cases are due to the same cause, but it is well to use the term influenza as a generic one. Sometimes they are really due to change of weather. Sometimes it appears to spread in a singular way, as in the case of a large boarding-house, where the person who sat at the head of the table was seized first, then the second, and each one in turn on one side of the table contracted it. This may be an odd coincidence, as we do not know that influenza is contagious. The symptoms are those of an unusually severe catarrh, affecting the mucous membrane of the nose, eyes, throat, larynx, and upper bronchi. Sometimes the other mucous membranes are affected, none of them being proof against this disease. Whatever may be the grade of the attack or the part upon which its full force is expended, we have present an amount of depression which is out of all proportion to the severity of the disease, as compared with the ordinary forms of catarrh. It is this which occasions the curious observation that, while few die of influenza, its prevalence is marked by a great increase in the general death-rate. For the depression is not limited to those who have severe attacks of influenza, but is practically universal in the affected community. So that people who have been long ailing with cancer, phthisis, Bright's disease, diabetes, etc., and have been just able to bear up under their ailments, cannot withstand this added affliction, and sink under it. This explains also why, in common with other epidemics, influenza is followed by a period during which the death-rate is unusually small.

Hitherto the treatment of influenza has been so unsatisfactory that we have been confined to measures of a supporting character, no drug having been found which cuts short or markedly modifies the course of the affection. It is probable that the local use of cocaine solutions will be found to give relief to the affected mucous membranes. In a number of cases of ordinary catarrhs, resembling in most respects the epidemic disease in question, I have found the combination of quinine, acetanilide and cocaine, forming the Febicide pills, extremely valuable. Combining, as they do, the antipyretic and supporting effects with those of a local anæsthetic, these pills would seem, *a priori*, to be especially fitted for the treatment of influenza. Should the disease prevail here as an epidemic, I shall give them a thorough trial. Besides this, we should enforce rest in bed, plenty of nourishment, with wine, ale or brandy, as the individual case may demand.

—Waugh.

PHILADELPHIA HOSPITAL.

PERICARDITIS.

THIS man, aged twenty-six, a German resident of Philadelphia, and a laborer, has a good family history. He is a moderate drinker, and is subject to colds on slight changes of temperature. His abdomen first became swollen, then his feet. Anasarca occurred. Shortness of breath and general dropsy supervened, and his face became swollen and cyanotic; the veins turgid, pulse weak, and heart sounds feeble. The pain over the heart and precordial area increased.

The urine gives negative results. Friction sounds are heard over the heart as well as a double sound. He was given potassium iodide and digitalis. At present his temperature is above the normal, but for some time it was below normal. There is no fluid in the abdominal cavity of any amount. His liver is not enlarged. The diagnosis is pericarditis. Frequently this trouble is associated with Bright's disease, but not in this instance. He also has some hydrothorax. The only thing to account for this dropsy is the anæmic condition. He lived some time in a malarial district. (Note.—The patient died some days later, and post-mortem revealed marked pericarditis.)—*Curtin*.

ATELECTASIS PULMONUM.

I have here the case of a child that was born all right, but the second stage of labor was prolonged. The child died a few hours after birth, without cause, while nursing at the breast. I suspected that apoplexy had been caused by pressure during birth, for I have seen a number of cases of this kind. This was not the case here; so I next sought for atelectasis pulmonum. In this case I found the cause of death in the lungs, and they were markedly atelectatic, more on one side than the other. On examination of the œsophagus I found an explanation, for it was filled with mucus and meconium. During labor the child had drawn into its lungs mucus and meconium from the external parts, and this caused the trouble. This is a common cause of death.—*Hirst*.

ORTHOPÆDIC HOSPITAL, AND INFIRMARY FOR NERVOUS DISEASES.

CLINIC OF DR. H. E. GOODMAN.

Reported by G. E. Davis, Assistant Surgeon to the Hospital.

IN October of this year, a child aged eight years, was brought to the hospital suffering from disease of the right knee-joint. Three years previously she had received an injury which started the trouble. The knee became swollen and painful. Later on an apparatus was applied to keep the parts at rest as much as possible. Notwithstanding treatment, the knee continued to enlarge, its temperature increased, and fluctuation could be felt in some places. Large veins ran over the swollen parts, and the contiguous ends of the femur and tibia were both enlarged. A diagnosis of tubercular arthritis was made and excision advised.

The operation was performed on October 19, a semilunar incision being made from one condyle to the other, and crossing the tendo-patellæ. This was cut through, and the joint opened. A small quantity of pus escaped, and the interior found filled with degenerated synovial membrane and gelatinoid granulation tissue. The articular surfaces of both the femur and tibia were found affected, while the patella was comparatively healthy and unaffected. The articular layers of both the femur and tibia were then sawn off, leaving two spots of caseous material, one in the divided end of the femur and the other in the tibia. The patella was removed, and every particle of joint tissue carefully dissected off with forceps and scissors.

The diseased spots in the sawn off ends of bone were carefully curetted out until perfectly healthy cancellous tissue was reached.

The excised patella was then cleared of all adhering tissue, its cartilage removed, and the remaining cancellous healthy structure divided up with bone forceps into small fragments. The bleeding having been stopped, the wound was washed with 1:1000 bichloride of mercury solution, and the cavities in the femur and tibia having been dusted with iodoform were filled with the fragments of bone obtained from the patella. These fragments were carefully dusted with iodoform and then firmly packed in the cavities, until both were filled. The bones were brought into position, without either pins and sutures, a catgut drain inserted, and the wound closed with catgut sutures. Iodoform was applied, the line of the incision covered with a strip of protective, and a bichloride gauze dressing put on. The limb was placed in a long external splint, with a foot-piece, and posterior support for the popliteal regions (McEwen's splint).

On the afternoon of the day of operation the temperature rose to 104°, and the resident fearing something was wrong, although no pain was complained of, removed the dressing, and found everything all right.

Dr. Goodman thinks the tendency is too much to attribute all rises of temperature which follow operations to septic processes going on in the wound, and neglecting to search for other causes. In this instance, while the temperature was at least in part caused by the operation, it was also increased by intestinal disturbances. For this calomel, gr. $\frac{1}{2}$, and soda, gr. ij, was given every hour until the bowels were freely moved. The temperature began at once to fall, and at the end of a week was normal. The entire wound healed without suppuration, the bone packing of the cavities in the femur and tibia healed kindly in place, and at the last dressing the operation wound was perfectly dry and soundly healed.

The filling up of bone cavities is now attracting considerable attention, particularly since Senn has again drawn attention to the subject. He, however, used decalcified bone chips. In operations for tuberculous knee-joints the extremities of the bones are often found so deeply involved that to remove a disc of bone embracing all the diseased spots, would seriously involve the growth of the limb. It is to these cases that the procedure above employed is well adapted. The patella is oftentimes perfectly free from disease, or else only slightly involved by the granulation tissue around its edge, and is a most convenient source from which to obtain the bone used for transplantation. As the tissues are apt to be more or less infected by the tuberculous process, it is advisable to go well into the surrounding bone and thoroughly disinfect the cavity before packing it. One should also assure themselves that the transplanted bone is free from disease. One could not, of course, expect anything but unfavorable results from transferring infected particles of bone from one locality and planting them in another.

Now is the time to subscribe.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, Jan. 4, 1890.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.
S. BARUCH, M.D., Editor for New York.
I. N. LOVE, M.D., Editor for Missouri.

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A NEW TREATMENT.

SO infrequently do we have reason to direct the attention of our readers to some absolutely new departure in our own special field of medicine, that we feel inclined to join with the wise man in his emphatic declaration, "There is nothing new under the sun!" It is, therefore, with a considerable degree of pleasure that we call to notice Dr. James C. Wilson's treatment of scarlet fever by the administration of small doses of chloral hydrate, a mode of procedure which, as far as we can ascertain, is, in every respect, new and unique. Based, as his observations have been, upon an experience large and comprehensive, and extending over a period of seven years, they are worthy of earnest consideration and further experimentation and confirmation. We have no doubt, however, that all that has been claimed for this method of treatment will be endorsed and firmly established, and that the administration of chloral in scarlet fever, mild or severe, will be adopted as a long step towards the successful management of these often trying cases.

To recall, briefly, the advantages and merits of the chloral treatment, as demonstrated by Dr. Wilson, may be embraced under four headings, any one of which would assign to the use of the method a high place in the estimation of the household physician. They are as follows:

1. *The Ease of Administration.*—One of the greatest of difficulties encountered in nursery practice is that of enticing the irritable little patients into swallowing the frequently unpleasant and even nauseating remedies. This is especially the case in scarlet fever, where, in addition to the natural repugnance shown by all children to the imbibition of medicines of every kind, we have the inflamed and highly irritated condition of the fauces, rendering deglutition both difficult and painful. Dr. Wilson claims that the administration of chloral is easy, and can be made palatable, and that the stomach is tolerant to

its use. Here is a strong point in favor of his treatment.

2. *Its Marked Sedative Effect.*—Under the use of small and frequently repeated doses of chloral varying in size from one to five grains, according to the age of the patient, a decided and extremely satisfactory alleviation of all the symptoms follows, and the much-needed rest and sleep are induced. This, of itself, is sufficient reason to urge the adoption of a mode of treatment which meets every indication, and that in a prompt and efficient manner.

3. *Its Duplex Antiseptic Action.*—The throat, and the kidneys are the two points around which center the main interest and anxiety in a case of scarlet fever. Often when the one has been controlled by judiciously applied medication, through some mishap or undue localization of the poison of the disease, the other will assume a grave aspect, and spite of every effort made, will carry off the patient. Dr. Wilson has found that the administration of chloral has a happy effect upon the inflammation in and around the throat, lowering its grade and preventing its spread, while in addition it exerts a like effect upon the genito-urinary tract, and especially upon the kidneys, as evidenced by the "almost constant absence of albuminuria," and by the non-sequence of post-scarlatinal nephritis. When we recall how frequently a case of scarlet fever, otherwise mild in its nature, is suddenly ended by the onset of an acute nephritis, or followed by a trying invalidism dependent upon a nephritic sequela, further comment upon the merit of the use of chloral hydrate in the treatment of this exanthem is almost unnecessary.

4. Finally, we have to consider the *prevention of complications and sequelæ from the use of the drug.* We will quote the words of the writer directly. He says, "Otitis media, extensive adenopathy of the cervical lymphatics, the collar of brawn, and abscesses, under this treatment do not occur. Hence troublesome secondary fever, by which the febrile movement of scarlatina is often prolonged indefinitely, is prevented."

We have here grouped a series of results arising from the use of a drug which, when considered in the immensity of their importance and bearing upon the disease in question, almost assigns to that drug a specific value in the treatment of the disease. Whatever will be the outcome of the adoption of this treatment of scarlet fever, we feel positive that it will not fall far short of the anticipations of the most sanguine. Still we must await the results of further investigations.

A DESIGN FOR A MONUMENT.

AT this season of the year strenuous efforts are made, by the good samaritan conductors of various charitable institutions for ministering to the necessities of suffering humanity, to solicit the attention and pecuniary assistance of the general public in behalf of their respective benefactions. As in other

years, the responses are prompt, and results not meagre, as a natural conclusion, for the public is well entertained, and full equivalent rendered for the charity thus given at no loss to the donor. In this way help is received from many who otherwise would not find the road to the alms box and patronage secured from others, who, in the hurry of life, might overlook really deserving avenues for their sympathies. With the daily press teeming with countless calls upon the benevolent, it seems hardly possible to the mercifully-minded man how there can exist in this enlightened era, an ignorance of humanity's needs, begetting either indifference or wanton selfishness, by hoarding the unused talent, or squandering wealth for insane display. In a daily journal recently, side by side with a number of appeals for charity and tales of misery and want, were two articles, conspicuous by a comparison, which would be ridiculous were it not so sad.

First, a community of celibates encircled around a little town not far distant, have by thrift and frugality acquired to themselves well filled storehouses and barns, productive fields, and millions of dollars in their treasuries. The society is fast dying out, and the momentous question of what to do with their wealth has induced these worthy people to annul the code forbidding them to marry, so that there may be offspring to inherit their treasures. Celibacy has been a part of their religion, yet this is abandoned for that lucre which they cannot take with them when they die; so, next best, must be inherited by their own blood. Perhaps our simple-minded ascetics know not the meaning of benevolence; do not understand that downy beds and soothing ministrations bring happiness not only to the recipient, but to the donor as well. Let them marry in God's name. It is not good for man to be alone. But also let them cast their bread upon the waters, for it will gladden their hearts even as they fondle their grandchildren, who may yet have enough and to spare. What an opportunity they lose by not adhering to their principles, and perpetuating their society by the adoption of orphans or children surrendered to them; or else founding another Girard College.

Sadder yet was the second item. One year ago a physician in a New England town was paraded to the bourne whence no traveler returns, with a costly display of every possible attention that could be given to a departing mortal; no gilded trappings or sable accompaniments being lacking. Not content, his survivor has had constructed caskets and sarcophagi, robes, and a mausoleum of magnificent lavishness. The cost of all, it is said, will be about half a million dollars. Another solution of the question—what shall we do with our wealth?

The greatest exhibition of respect to the memory of the departed that loving survivors can erect as a living and lasting monument is an endowment of some worthy and needed object of benefaction. How many of these objects are crippled and hampered in

their efforts for the want of that which lies in useless hoards, or is squandered in recklessness. If tributes of respect, honor, veneration, to the memory of the dead or living are desired, what can be greater than a name written in the skies by deeds of charity? The Peri's accepted tribute at the gate of Eden, was a tear dropped in sympathy. Charity—human love—is yet the keynote of happiness eternally; the open sesame to the practical gates of Eden.

THE WORLD'S FAIR.

AS the time draws near for the selection of a site for the World's Fair of 1892, New York seems to be waking up to the importance of securing it. While she has not displayed the earnestness of Chicago, she has subscribed the necessary five millions, and is ready to do as much more as may be needful.

Philadelphia rests upon her laurels; having shown of what she is capable in 1876, she is willing to allow others their share of the profit, the glory, and—the trouble and expense. She is getting ready to go a-visiting, and waits to see who is to be her host. We may rest assured that her very best foot will be then put forward, and that her share in the display will do no discredit to herself or to the Nation.

The cities which are really making some exertion to secure the fair are New York, Chicago, and St. Louis. If New York should be chosen, the great manufacturing interests are sure to be well represented. New England, New Jersey, and Pennsylvania contribute nearly all the manufactures of specialties; the great Western cities serving simply as centers of distribution for Eastern products. The inventive genius so characteristic of America seems to be confined to the East, in so far as relates to the putting its results into practical shape. If the Iowan invents a suspender buckle, he comes to the East to manufacture it. In regard to these products of inventive and mechanical skill, New York is the most central and accessible city in which to locate the Fair. Her facilities to handle great crowds of strangers are also unequalled in any city in the world—unless it be Paris.

If it be considered most desirable to secure the fullest display of our agricultural resources, Chicago is the choice. Nothing could be more attractive to the farmer than the fertile prairies surrounding that city on every side. The lake breezes temper the summer heats; the limits of the city offer excellent localities for the erection of exhibition buildings, and the journey there would give foreign visitors an opportunity to see and appreciate the beauty, variety, and extent of this great country. Above all, Chicago is after the Fair with an earnestness that is a good presage of the manner in which it would be conducted.

St. Louis claims the advantage of her central location, which would enable all sections of the country an equal ease of access. The South, rapidly pushing

forward to an equality with the North in material prosperity, now that her enterprise is no longer trammelled by the fetters which slavery put upon her, would be richly represented in St. Louis by many products which would be novel and interesting to the foreign visitor. This section deserves to have the Fair, in recognition of her wonderful development. St. Louis is within as easy reach of the agricultural sections as Chicago; she has plenty of means with which to provide the Fair; and those who believe her destitute of the enterprise or ability to carry it through successfully, are simply ignorant concerning her. She is also the most hospitable city in America; and her people would spare no pains to render their visitors' stay a pleasant one. The combination of Southern hospitality with Northern enterprise, which rendered Mr. Lambert so popular with all who met him, is characteristic of St. Louis business men; and as for the Mound City's physicians, they require no word of commendation from us to introduce them to the medical profession.

In each of these great cities there are numerous colleges, hospitals, and other places of interest, which will make an extended visit profitable to the physician, apart from the attractions of the Fair itself.

A COMPARATIVE ESTIMATE OF REMEDIES IN TABES DORSALIS.

A RECENT contribution of Prof. Leyden, of Berlin, on the Treatment of Tabes Dorsalis (*Inter Klin. Rundschau*, December 1, 1889), brings out the comparative merits of the therapeutic measures that have from time to time been recommended for the management of this affection. A brief reference, which will be dwelt upon more fully in a future issue, will suffice to bring out the salient points of this valuable paper. The latter deserves attention, emanating, as it does from one of the ablest clinical teachers in Germany, with whose best work we endeavor to keep our readers *en rapport*.

Prof. Leyden discusses the remedial measures for tabes as follows:

(a) Internal medication by argentic nitrate, auric chloride, ergotin, belladonna, etc. Although none of these remedies has, despite their recommendation by authorities, proved in the slightest degree curative, they should be used in order that the patient may not be deprived of some hope of improvement.

(b) Mercurial course. Although it is universally conceded and sufficiently confirmed by experience that a visible improvement is not produced by it, the physician may not omit it, especially as it cannot, if carefully used, do any harm.

(c) Warm baths belong to the most important therapeutic measures in tabes, and their correct and continuous application is of the greatest significance.

(d) Cold baths. Although the careless use of cold may readily damage the tabetic, its cautious application has proved itself decidedly useful and beneficial.

(e) The electrical treatment, although an important therapeutic agent, must not be overestimated. Its careless, continuous use may do harm, increasing the pains.

(f) Massage has as few certain as surprising successes to show. Used with judgment and care, it may benefit some patients.

(g) Abstraction of blood and derivation, formerly much used, are now more or less abandoned.

(h) Stretching of the sciatic nerve has now received its coup definitely and for all time.

(i) In recent times the suspension method has been much spoken of, but will quite as rapidly disappear from the therapeutic field as it appeared.

(j) More important and promising is the orthopaedic treatment, by Hessel's corset, but we still lack complete reports.

A glance at the above quotation will demonstrate that Prof. Leyden regards hydrotherapeutic measures, in the shape of baths properly adapted to each case, as the only remedy worthy of commendation.

We feel again justified in devoting the attention to this subject, which we have promised our readers. In making our hydrotherapeutic series a feature of the TIMES AND REGISTER, we believe that we are serving the cause and advancement of clinical medicine, and that we are placing in the hands of our readers a much neglected, but immensely useful, auxiliary in the treatment of disease.

Annotations.

THE CAUSES OF STERILITY IN WOMEN.

AN interesting grouping of the many causes of sterility has been made by Dr. E. S. McKee, of Cincinnati, an abstract of which is appended. In the first place, the author cautions that the presence of sterility in the man be eliminated before any further procedure be taken. The trouble being found not to exist in the semen, steps must be taken to ascertain the condition in the woman which is causing the absence of fecundation.

Chronic endometritis is ranked as the most frequent cause of sterility, with its frequently associated complication of salpingitis. Inflammation of the pelvic peritoneum and of the parametria follow close to endometritis in the frequency with which they are productive of sterility. Acid vaginal secretions, vulvar or vaginal hyperaesthesia, inflammation of the carunculæ myrtiformes, undue shortness of the vagina, infantile uteri and other malformations, premature and post-mature marriages, the non-occurrence of the orgasm in the female with that in the male, obesity, hypertrophied condition of the external genitals, sexual incompatibility, dislocations of the cervix, the presence of scrofula, the excessive use of alcohol, carcinoma of the cervix, gonorrhœa, reflux of semen after coition, are among the many causes assigned for this distressing condition. The paper is one suggestive of further study in this direction.

—Peoria Medical Monthly.

PUERPERAL INSANITY.

THE causes of the insanity of the puerperal woman, that most distressing of child-bed complications, are many, and yet are somewhat obscure at times, occurring, as it may at any time during the discharge of the lochia, a period at times reaching to sixty days. The veracity of this statement may be recognized. Dr. J. A. Walker, of Toledo, Ohio, in a paper read before the Toledo Medical Association, has given a careful review of the interesting subject, with the following special statements as to its etiology and treatment.

He says that the opulent are much subject to the affection, probably because of the enfeebled physical condition consequent upon high living and excesses. It is frequent, however, among the poor as a result of the constant worry arising from their destitute circumstances. It is much more common among primiparae than among multiparae—in the proportion of three to one. Complicated and tedious labors, the birth of dead offspring, excessive mental emotion of any kind are all given as causes of the malady. In very many cases a strong hereditary predisposition seems to exist and favors the onset of the disease.

The prognosis of puerperal insanity is usually favorable. Statistics show that seventy-six per cent. recover, while eighteen per cent. die, and six per cent. remain permanently insane. As regards the treatment, sedatives and antipyretics, such as the salicylates, quinine, aconite, veratrum are demanded. The exhibition of cathartics, such as aloes, colocynth, calomel and salines, is needed to relieve the torpidity of the bowels, while the anorexia demands the employment of carbonated waters, bitter tonics and champagne in half a wineglassful doses, repeated at intervals of two or three hours. The excitement of the nervous system requires the use of nerve-sedatives, and Dr. Walker recommends the use of a mixture of equal parts of tincture of opium and sulphuric acid administered in doses of one drachm, repeated every three hours till sleep is induced. Chloral hydrate in large and frequently repeated doses is of the greatest of value. It may be combined with potassium bromide, if desired. The hot bath to promote diaphoresis, and the use of cold water or ice to the head are advantageous.—*Cincinnati Lancet-Client*.

VAGINAL HYSTERECTOMY.

DR. W. J. SINCLAIR, Professor of Obstetrics and Gynecology in Owens College and Victoria University, Manchester, England, after describing a series of ten cases in which he had performed vaginal hysterectomy, gives in a tabular form his reasons for preferring the ligation of the broad ligaments to the use of the clamp. They are as follows:

It has been objected to the ligature that it takes much longer time. It does take longer certainly, but not very much longer, because it is only the securing of the broad ligaments which differs in the two operations; all else is common. And then when the ligature operation is finished it is complete, and the patient can be made comfortable.

2. After the ligature operation the patient need not

be disturbed for five or six days, that is to say until granulation has begun, and there is then little or no danger of sepsis or peritonitis.

3. With the ligature the e is much less sloughing to be done, and therefore the wound heals sooner.

4. It has been said that the clamp can be applied when the ligature cannot be used for want of space or of healthy tissue; but in such cases the clamp must be put on in a blind sort of way, so that the uterine vessels must be in extreme danger.

—*Practitioner*.

MUTUAL AUTOPSY SOCIETY.

WE have heard many a time of mutual insurance societies, mutual admiration societies, and so on, but a mutual autopsy society has an air of freshness about it, though the title is not prepossessing. To such a society did the late French General Faidherbe belong; but when, after his demise, a medical member gently suggested to the lamenting widow the terms of the bond, she, for the first time made aware of such a compact, was horrified beyond expression and vigorously objected. General Faidherbe was buried. A man may make certain of having his chattels go where he wishes by simply giving them away during his lifetime, but no ingenious person has yet suggested a feasible plan of having an autopsy performed during the same period.

Letters to the Editor.

DR. WHELAN'S PILLS FOR INFLUENZA.

IN view of the rapid approach of this disease in an epidemic form which appears already to have made its entry into our country through New York, it behooves the physicians of this country to take into immediate and careful consideration the best possible means of meeting it by any new remedies that may be suggested.

My attention has been especially drawn to the combination of quinine, arsenic and atropine, after the formula of Dr. Whelan, as presented to the profession by Schieffelin & Co., of New York. We are all acquainted with the specific action of all three of these drugs upon mucous membranes, but the formula as presented and in these proportions has not been hitherto used to my knowledge.

As I write this one great house at least in New York, has been disabled by the gripe among its clerks, and at least one public school has been closed.

There is every reason to expect a continued spread of the unpleasant malady in all directions, and all remedies so far employed throughout Europe have proven entirely inefficacious either to cure or to arrest its progress.

But no such combination as this has, so far as I am aware, been tried across the water, and I heartily commend its thorough trial to every physician to whom this statement may come.

WILLIAM R. HITCHINSON, M.D.

PROVIDENCE, R. I., DECEMBER 27TH, 1899.

Society Notes.

FRENCH CONGRESS OF SURGERY.

THE ELECTRICAL TREATMENT OF UTERINE FIBROIDS.

BY DR. APOSTOLI.

THE electrical treatment of uterine fibroids created by Apostoli in 1882, which has received from all sides almost unanimous approbation, was recently discussed before the Société de Chirurgie, during which discussion a method was brought forth, which pretends to be the best of all, and claims to be new, for the reason that it is based on the employment of currents of moderate intensity—the extra-uterine action and the reversed action.

Apostoli attacks the active pretension: 1. The method particularized by MM. L. Championnière and Davion is *not new* and is but a reproduction of ancient procedures already tried and in fact abandoned.

(a) Apostoli claims the priority and the paternity of all medical electrical applications exceeding fifty milliamperes. During two years he has exclusively employed intensities from forty to seventy milliamperes; since that time, he has considered it necessary to increase, not in an exclusive and blind manner as has been stated, but by a rational and progressive method according to the cases.

The intensity should be moderate in cases of uterine intolerance or peri-uterine affections; the intensity should be increased in all the grave forms, complicated by endometritis or by hæmorrhage.

(b) Aimé Martin and Chéron were the first ones to particularize (1876) the action extra-uterine, either on the neck or on the vagina, and were the first to use the reversals, or the interruptions of the galvanic current.

Moltz-Benedick, of Vienna, has also applied the reversed galvanic current before MM. L. Championnière and Davion.

2. The method particularized by MM. L. Championnière and Davion is inferior to the actual treatment of M. Apostoli.

(a) Because they remain surgeons and continue to perform castrations and hysterotomies.

(b) Because they select their cases, using the current in aged women or those but little sick, and operating on the young women.

(c) Because they admit of failures, which legitimize their surgical intervention.

(d) Because their method remains vaginal and extra-uterine, preventing all cure of the accompanying endometritis.

(e) Because with them the relapses are constant if they do not entertain the treatment.

(f) Because they do not affirm as to the disposition of the inflammatory deposits.

(g) Because la fonction des eaux chlorurées sodiques which they praise, shows that their method is at fault.

(h) Because they have not proved the evident anatomical reduction of the fibroma.

To the statements of MM. L. Championnière and

Davion, which are based on seven months' experience and eleven cases, Apostoli opposes his method already established seven years, which has received the approval of all those who have used it, and which includes in all several thousand observations established in France and other countries.

His method is inoffensive and always supportable if the rules are conformed with (the very rare cases of death observed are due in a great part to errors in diagnosis—tumors of the appendages mistaken for fibroma and electrically treated).

His method is the most efficacious.

1. Because it has the pretension to suffice in itself, and to supplant in most cases surgery in the treatment of fibroma.

2. It does not require the selection of cases, and because all cases are ameliorated, young and old.

3. Because failure is the exception in all cases of simple fibroid tumors, not fibro-cystic which are not complicated by ascites, and without puerperal lesions of the annexes.

4. Because there is utilized the action of vaginal galvano-punctures, either singly or in conjunction with the intra-uterine action, which is necessary for the endometritic lesions.

5. Because relapses are the exception, and the greater part of the results remains constant, if the treatment has been sufficiently prolonged.

6. Because it embraces within its sphere of action, under formulæ of intensity and divers localization, the treatment of fibroma, that of endometritis and metritis, and of a great number of cases of ovaro-salpingitis.

7. Because it can do without an additional treatment, even that of les eaux chlorurées sodiques.

8. Because there has been observed an anatomical reduction of the fibroma, not total, but partial.

Paris Letter.

GONORRHOËAL RHEUMATISM.

PROF. PETER, in his clinical lectures at the Necker Hospital, has been showing a number of these cases, in which he was able to demonstrate his theory of the causes of this disease, and prove that his treatment was efficacious.

The fact that such cases are seen without any gonorrhœa does away with the idea that the disease is properly named gonorrhœal rheumatism, and it often originates in any inflammatory discharge connected with the urethra. Dr. Peter believes that this trouble is due entirely to reflex disturbances. The urethral inflammation affects certain centers in the spinal cord and brain, and the altered conditions of these give rise to the changes in the articulation, and it is very reasonable to suppose that this is the correct theory in regard to this complaint. The male urethra, with all its complex and sensitive actions, its miction, its function of erection, and ejaculation, show that it is an organ that is highly sensitive, and one that would induce reflex action more than any other in the human body. The very fact that women enjoy a

The urine gives negative results. Friction sounds are heard over the heart as well as a double sound. He was given potassium iodide and digitalis. At present his temperature is above the normal, but for some time it was below normal. There is no fluid in the abdominal cavity of any amount. His liver is not enlarged. The diagnosis is pericarditis. Frequently this trouble is associated with Bright's disease, but not in this instance. He also has some hydrothorax. The only thing to account for this dropsy is the anæmic condition. He lived some time in a malarial district. (Note.—The patient died some days later, and post-mortem revealed marked pericarditis.)—*Curtin*.

ATELECTASIS PULMONUM.

I have here the case of a child that was born all right, but the second stage of labor was prolonged. The child died a few hours after birth, without cause, while nursing at the breast. I suspected that apoplexy had been caused by pressure during birth, for I have seen a number of cases of this kind. This was not the case here; so I next sought for atelectasis pulmonum. In this case I found the cause of death in the lungs, and they were markedly atelectatic, more on one side than the other. On examination of the œsophagus I found an explanation, for it was filled with mucus and meconium. During labor the child had drawn into its lungs mucus and meconium from the external parts, and this caused the trouble. This is a common cause of death.—*Hirst*.

ORTHOPÆDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES.

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Reported by G. E. Davis, Assistant Surgeon to the Hospital.

IN October of this year, a child aged eight years, was brought to the hospital suffering from disease of the right knee-joint. Three years previously she had received an injury which started the trouble. The knee became swollen and painful. Later on an apparatus was applied to keep the parts at rest as much as possible. Notwithstanding treatment, the knee continued to enlarge, its temperature increased, and fluctuation could be felt in some places. Large veins ran over the swollen parts, and the contiguous ends of the femur and tibia were both enlarged. A diagnosis of tubercular arthritis was made and excision advised.

The operation was performed on October 19, a semilunar incision being made from one condyle to the other, and crossing the tendo patellæ. This was cut through, and the joint opened. A small quantity of pus escaped, and the interior found filled with degenerated synovial membrane and gelatinoid granulation tissue. The articular surfaces of both the femur and tibia were found affected, while the patella was comparatively healthy and unaffected. The articular layers of both the femur and tibia were then sawn off, leaving two spots of caseous material, one in the divided end of the femur and the other in the tibia. The patella was removed, and every particle of joint tissue carefully dissected off with forceps and scissors.

The diseased spots in the sawn off ends of bone were carefully curetted out until perfectly healthy cancellous tissue was reached.

The excised patella was then cleared of all adhering tissue, its cartilage removed, and the remaining cancellous healthy structure divided up with bone forceps into small fragments. The bleeding having been stopped, the wound was washed with $\frac{1}{1000}$ bichloride of mercury solution, and the cavities in the femur and tibia having been dusted with iodoform were filled with the fragments of bone obtained from the patella. These fragments were carefully dusted with iodoform and then firmly packed in the cavities, until both were filled. The bones were brought into position, without either pins and sutures, a catgut drain inserted, and the wound closed with catgut sutures. Iodoform was applied, the line of the incision covered with a strip of protective, and a bichloride gauze dressing put on. The limb was placed in a long external splint, with a foot-piece, and posterior support for the popliteal regions (McEwen's splint).

On the afternoon of the day of operation the temperature rose to 104° , and the resident fearing something was wrong, although no pain was complained of, removed the dressing, and found everything all right.

Dr. Goodman thinks the tendency is too much to attribute all rises of temperature which follow operations to septic processes going on in the wound, and neglecting to search for other causes. In this instance, while the temperature was at least in part caused by the operation, it was also increased by intestinal disturbances. For this calomel, gr. $\frac{1}{12}$, and soda, gr. ij, was given every hour until the bowels were freely moved. The temperature began at once to fall, and at the end of a week was normal. The entire wound healed without suppuration, the bone packing of the cavities in the femur and tibia healed kindly in place, and at the last dressing the operation wound was perfectly dry and soundly healed.

The filling up of bone cavities is now attracting considerable attention, particularly since Senn has again drawn attention to the subject. He, however, used decalcified bone chips. In operations for tuberculous knee-joints the extremities of the bones are often found so deeply involved that to remove a disc of bone embracing all the diseased spots, would seriously involve the growth of the limb. It is to these cases that the procedure above employed is well adapted. The patella is oftentimes perfectly free from disease, or else only slightly involved by the granulation tissue around its edge, and is a most convenient source from which to obtain the bone used for transplantation. As the tissues are apt to be more or less infected by the tuberculous process, it is advisable to go well into the surrounding bone and thoroughly disinfect the cavity before packing it. One should also assure themselves that the transplanted bone is free from disease. One could not, of course, expect anything but unfavorable results from transferring infected particles of bone from one locality and planting them in another.

Now is the time to subscribe.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, Jan. 4, 1890.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.
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A NEW TREATMENT.

SO infrequently do we have reason to direct the attention of our readers to some absolutely new departure in our own special field of medicine, that we feel inclined to join with the wise man in his emphatic declaration, "There is nothing new under the sun!" It is, therefore, with a considerable degree of pleasure that we call to notice Dr. James C. Wilson's treatment of scarlet fever by the administration of small doses of chloral hydrate, a mode of procedure which, as far as we can ascertain, is, in every respect, new and unique. Based, as his observations have been, upon an experience large and comprehensive, and extending over a period of seven years, they are worthy of earnest consideration and further experimentation and confirmation. We have no doubt, however, that all that has been claimed for this method of treatment will be endorsed and firmly established, and that the administration of chloral in scarlet fever, mild or severe, will be adopted as a long step towards the successful management of these often trying cases.

To recall, briefly, the advantages and merits of the chloral treatment, as demonstrated by Dr. Wilson, may be embraced under four headings, any one of which would assign to the use of the method a high place in the estimation of the household physician. They are as follows:

1. *The Ease of Administration.*—One of the greatest of difficulties encountered in nursery practice is that of enticing the irritable little patients into swallowing the frequently unpleasant and even nauseating remedies. This is especially the case in scarlet fever, where, in addition to the natural repugnance shown by all children to the imbibition of medicines of every kind, we have the inflamed and highly irritated condition of the fauces, rendering deglutition both difficult and painful. Dr. Wilson claims that the administration of chloral is easy, and can be made palatable, and that the stomach is tolerant to

its use. Here is a strong point in favor of his treatment.

2. *Its Marked Sedative Effect.*—Under the use of small and frequently repeated doses of chloral, varying in size from one to five grains, according to the age of the patient, a decided and extremely satisfactory alleviation of all the symptoms follows, and the much-needed rest and sleep are induced. This, of itself, is sufficient reason to urge the adoption of a mode of treatment which meets every indication and that in a prompt and efficient manner.

3. *Its Duplex Antiseptic Action.*—The throat and the kidneys are the two points around which center the main interest and anxiety in a case of scarlet fever. Often when the one has been controlled by judiciously-applied medication, through some mishap or undue localization of the poison of the disease, the other will assume a grave aspect, and, spite of every effort made, will carry off the patient. Dr. Wilson has found that the administration of chloral has a happy effect upon the inflammation in and around the throat, lowering its grade and preventing its spread, while in addition it exerts a like effect upon the genito-urinary tract, and especially upon the kidneys, as evidenced by the "almost constant absence of albuminuria," and by the non-sequence of post-scarlatinal nephritis. When we recall how frequently a case of scarlet fever, otherwise mild in its nature, is suddenly ended by the onset of an acute nephritis, or followed by a trying invalidism dependent upon a nephritic sequela, further comment upon the merit of the use of chloral hydrate in the treatment of this exanthem is almost unnecessary.

4. Finally, we have to consider the *prevention of complications and sequela from the use of the drug.* We will quote the words of the writer directly. He says: "Otitis media, extensive adenopathy of the cervical lymphatics, the collar of brawn, and abscesses, under this treatment do not occur. Hence, troublesome secondary fever, by which the febrile movement of scarlatina is often prolonged indefinitely, is prevented."

We have here grouped a series of results arising from the use of a drug which, when considered in the immensity of their importance and bearing upon the disease in question, almost assigns to that drug a specific value in the treatment of the disease. Whatever will be the outcome of the adoption of this treatment of scarlet fever, we feel positive that it will not fall far short of the anticipations of the most sanguine. Still we must await the results of further investigations.

A DESIGN FOR A MONUMENT.

AT this season of the year strenuous efforts are made, by the good samaritan conductors of various charitable institutions for ministering to the necessities of suffering humanity, to solicit the attention and pecuniary assistance of the general public in behalf of their respective benefactions. As in other

years, the responses are prompt, and results not meagre, as a natural conclusion, for the public is well entertained, and full equivalent rendered for the charity thus given at no loss to the donor. In this way help is received from many who otherwise would not find the road to the alms box and patronage secured from others, who, in the hurry of life, might overlook really deserving avenues for their sympathies. With the daily press teeming with countless calls upon the benevolent, it seems hardly possible to the mercifully-minded man how there can exist in this enlightened era, an ignorance of humanity's needs, begetting either indifference or wanton selfishness, by hoarding the unused talent, or squandering wealth for insane display. In a daily journal recently, side by side with a number of appeals for charity and tales of misery and want, were two articles, conspicuous by a comparison, which would be ridiculous were it not so sad.

First, a community of celibates encircled around a little town not far distant, have by thrift and frugality acquired to themselves well filled storehouses and barns, productive fields, and millions of dollars in their treasuries. The society is fast dying out, and the momentous question of what to do with their wealth has induced these worthy people to annul the code forbidding them to marry, so that there may be offspring to inherit their treasures. Celibacy has been a part of their religion, yet this is abandoned for that lucre which they cannot take with them when they die; so, next best, must be inherited by their own blood. Perhaps our simple-minded ascetics know not the meaning of benevolence; do not understand that downy beds and soothing ministrations bring happiness not only to the recipient, but to the donor as well. Let them marry in God's name. It is not good for man to be alone. But also let them cast their bread upon the waters, for it will gladden their hearts even as they fondle their grandchildren, who may yet have enough and to spare. What an opportunity they lose by not adhering to their principles, and perpetuating their society by the adoption of orphans or children surrendered to them; or else founding another Girard College.

Sadder yet was the second item. One year ago a physician in a New England town was paraded to the bourne whence no traveler returns, with a costly display of every possible attention that could be given to a departing mortal; no gilded trappings or sable accompaniments being lacking. Not content, his survivor has had constructed caskets and sarcophagi, robes, and a mausoleum of magnificent lavishness. The cost of all, it is said, will be about half a million dollars. Another solution of the question—what shall we do with our wealth?

The greatest exhibition of respect to the memory of the departed that loving survivors can erect as a living and lasting monument is an endowment of some worthy and needed object of benefaction. How many of these objects are crippled and hampered in

their efforts for the want of that which lies in useless hoards, or is squandered in recklessness. If tributes of respect, honor, veneration, to the memory of the dead or living are desired, what can be greater than a name written in the skies by deeds of charity? The Peri's accepted tribute at the gate of Eden, was a tear dropped in sympathy. Charity—human love—is yet the keynote of happiness eternally; the open sesame to the practical gates of Eden.

THE WORLD'S FAIR.

AS the time draws near for the selection of a site for the World's Fair of 1892, New York seems to be waking up to the importance of securing it. While she has not displayed the earnestness of Chicago, she has subscribed the necessary five millions, and is ready to do as much more as may be needful.

Philadelphia rests upon her laurels; having shown of what she is capable in 1876, she is willing to allow others their share of the profit, the glory, and—the trouble and expense. She is getting ready to go a-visiting, and waits to see who is to be her host. We may rest assured that her very best foot will be then put forward, and that her share in the display will do no discredit to herself or to the Nation.

The cities which are really making some exertion to secure the fair are New York, Chicago, and St. Louis. If New York should be chosen, the great manufacturing interests are sure to be well represented. New England, New Jersey, and Pennsylvania contribute nearly all the manufactures of specialties; the great Western cities serving simply as centers of distribution for Eastern products. The inventive genius so characteristic of America seems to be confined to the East, in so far as relates to the putting its results into practical shape. If the Iowan invents a suspender buckle, he comes to the East to manufacture it. In regard to these products of inventive and mechanical skill, New York is the most central and accessible city in which to locate the Fair. Her facilities to handle great crowds of strangers are also unequalled in any city in the world—unless it be Paris.

If it be considered most desirable to secure the fullest display of our agricultural resources, Chicago is the choice. Nothing could be more attractive to the farmer than the fertile prairies surrounding that city on every side. The lake breezes temper the summer heats; the limits of the city offer excellent localities for the erection of exhibition buildings, and the journey there would give foreign visitors an opportunity to see and appreciate the beauty, variety, and extent of this great country. Above all, Chicago is after the Fair with an earnestness that is a good presage of the manner in which it would be conducted.

St. Louis claims the advantage of her central location, which would enable all sections of the country an equal ease of access. The South, rapidly pushing

forward to an equality with the North in material prosperity, now that her enterprise is no longer trammelled by the fetters which slavery put upon her, would be richly represented in St. Louis by many products which would be novel and interesting to the foreign visitor. This section deserves to have the Fair, in recognition of her wonderful development. St. Louis is within as easy reach of the agricultural sections as Chicago; she has plenty of means with which to provide the Fair; and those who believe her destitute of the enterprise or ability to carry it through successfully, are simply ignorant concerning her. She is also the most hospitable city in America; and her people would spare no pains to render their visitors' stay a pleasant one. The combination of Southern hospitality with Northern enterprise, which rendered Mr. Lambert so popular with all who met him, is characteristic of St. Louis business men; and as for the Mound City's physicians, they require no word of commendation from us to introduce them to the medical profession.

In each of these great cities there are numerous colleges, hospitals, and other places of interest, which will make an extended visit profitable to the physician, apart from the attractions of the Fair itself.

A COMPARATIVE ESTIMATE OF REMEDIES IN TABES DORSALIS.

A RECENT contribution of Prof. Leyden, of Berlin, on the Treatment of Tabes Dorsalis (*Inter Klin. Rundschau*, December 1, 1889), brings out the comparative merits of the therapeutic measures that have from time to time been recommended for the management of this affection. A brief reference, which will be dwelt upon more fully in a future issue, will suffice to bring out the salient points of this valuable paper. The latter deserves attention, emanating, as it does from one of the ablest clinical teachers in Germany, with whose best work we endeavor to keep our readers *en rapport*.

Prof. Leyden discusses the remedial measures for tabes as follows:

(a) Internal medication by argentic nitrate, auric chloride, ergotin, belladonna, etc. Although none of these remedies has, despite their recommendation by authorities, proved in the slightest degree curative, they should be used in order that the patient may not be deprived of some hope of improvement.

(b) Mercurial course. Although it is universally conceded and sufficiently confirmed by experience that a visible improvement is not produced by it, the physician may not omit it, especially as it cannot, if carefully used, do any harm.

(c) Warm baths belong to the most important therapeutic measures in tabes, and their correct and continuous application is of the greatest significance.

(d) Cold baths. Although the careless use of cold may readily damage the tabetic, its cautious application has proved itself decidedly useful and beneficial.

(e) The electrical treatment, although an important therapeutic agent, must not be overestimated. Its careless, continuous use may do harm, increasing the pains.

(f) Massage has as few certain as surprising successes to show. Used with judgment and care, it may benefit some patients.

(g) Abstraction of blood and derivation, formerly much used, are now more or less abandoned.

(h) Stretching of the sciatic nerve has now received its coup definitely and for all time.

(i) In recent times the suspension method has been much spoken of, but will quite as rapidly disappear from the therapeutic field as it appeared.

(j) More important and promising is the orthopaedic treatment, by Hessing's corset, but we still lack complete reports.

A glance at the above quotation will demonstrate that Prof. Leyden regards hydrotherapeutic measures, in the shape of baths properly adapted to each case, as the only remedy worthy of commendation.

We feel again justified in devoting the attention to this subject, which we have promised our readers. In making our hydrotherapeutic series a feature of the TIMES AND REGISTER, we believe that we are serving the cause and advancement of clinical medicine, and that we are placing in the hands of our readers a much neglected, but immensely useful, auxiliary in the treatment of disease.

Annotations.

THE CAUSES OF STERILITY IN WOMEN.

AN interesting grouping of the many causes of sterility has been made by Dr. E. S. McKee, of Cincinnati, an abstract of which is appended. In the first place, the author cautions that the presence of sterility in the man be eliminated before any further procedure be taken. The trouble being found not to exist in the semen, steps must be taken to ascertain the condition in the woman which is causing the absence of fecundation.

Chronic endometritis is ranked as the most frequent cause of sterility, with its frequently associated complication of salpingitis. Inflammation of the pelvic peritoneum and of the parametria follow close to endometritis in the frequency with which they are productive of sterility. Acid vaginal secretions, vulvar or vaginal hyperæsthesia, inflammation of the carunculae myrtiformes, undue shortness of the vagina, infantile uteri and other malformations, premature and post-mature marriages, the non-occurrence of the orgasm in the female with that in the male, obesity, hypertrophied condition of the external genitals, sexual incompatibility, dislocations of the cervix, the presence of scrofula, the excessive use of alcohol, carcinoma of the cervix, gonorrhœa, reflux of semen after coition, are among the many causes assigned for this distressing condition. The paper is one suggestive of further study in this direction.

—Peoria Medical Monthly.

PUERPERAL INSANITY.

THE causes of the insanity of the puerperal woman, that most distressing of child-bed complications, are many, and yet are somewhat obscure at times, occurring, as it may, at any time during the discharge of the lochia, a period at times reaching to sixty days. The veracity of this statement may be recognized. Dr. J. A. Walker, of Toledo, Ohio, in a paper read before the Toledo Medical Association, has given a careful review of the interesting subject, with the following special statements as to its etiology and treatment.

He says that the opulent are much subject to the affection, probably because of the enfeebled physical condition consequent upon high living and excesses. It is frequent, however, among the poor as a result of the constant worry arising from their destitute circumstances. It is much more common among primiparæ than among multiparæ—in the proportion of three to one. Complicated and tedious labors, the birth of dead offspring, excessive mental emotion of any kind are all given as causes of the malady. In very many cases a strong hereditary predisposition seems to exist and favors the onset of the disease.

The prognosis of puerperal insanity is usually favorable. Statistics show that seventy-six per cent. recover, while eighteen per cent. die, and six per cent. remain permanently insane. As regards the treatment, sedatives and antipyretics, such as the salicylates, quinine, aconite, veratrum, are demanded. The exhibition of cathartics, such as aloes, colocynth, calomel and salines, is needed to relieve the torpidity of the bowels, while the anorexia demands the employment of carbonated waters, bitter tonics and champagne in half a wineglassful doses, repeated at intervals of two or three hours. The excitement of the nervous system requires the use of nerve-sedatives, and Dr. Walker recommends the use of a mixture of equal parts of tincture of opium and sulphuric acid administered in doses of one drachm, repeated every three hours till sleep is induced. Chloral hydrate in large and frequently repeated doses is of the greatest of value. It may be combined with potassium bromide, if desired. The hot bath to promote diaphoresis, and the use of cold water or ice to the head are advantageous.—*Cincinnati Lancet-Clinic*.

VAGINAL HYSTERECTOMY.

DR. W. J. SINCLAIR, Professor of Obstetrics and Gynecology in Owens College and Victoria University, Manchester, England, after describing a series of ten cases in which he had performed vaginal hysterectomy, gives in a tabular form his reasons for preferring the ligation of the broad ligaments to the use of the clamp. They are as follows:

It has been objected to the ligature that it takes much longer time. It does take longer certainly, but not very much longer, because it is only the securing of the broad ligaments which differs in the two operations; all else is common. And then when the ligature operation is finished it is complete, and the patient can be made comfortable.

2. After the ligature operation the patient need not

be disturbed for five or six days, that is to say, until granulation has begun, and there is then little or no danger of sepsis or peritonitis.

3. With the ligature there is much less sloughing to be done, and therefore the wound heals sooner.

4. It has been said that the clamp can be applied when the ligature cannot be used for want of space or of healthy tissue; but in such cases the clamp must be put on in a blind sort of way, so that the ureters must be in extreme danger.

—*Practitioner*.

MUTUAL AUTOPSY SOCIETY.

WE have heard many a time of mutual insurance societies, mutual admiration societies, and so on, but a "mutual autopsy society" has an air of freshness about it, though the title is not prepossessing. To such a society did the late French General Faidherbe belong; but when, after his demise, a medical member gently suggested to the lamenting widow the terms of the bond, she, for the first time made aware of such a compact, was horrified beyond expression and vigorously objected. General Faidherbe was buried. A man may make certain of having his chattels go where he wishes by simply giving them away during his lifetime, but no ingenious person has yet suggested a feasible plan of having an autopsy performed during the same period.

Letters to the Editor.

DR. WHELAN'S PILLS FOR INFLUENZA.

IN view of the rapid approach of this disease in an epidemic form, which appears already to have made its entry into our country through New York, it behooves the physicians of this country to take into immediate and careful consideration the best possible means of meeting it by any new remedies that may be suggested.

My attention has been especially drawn to the combination of quinine, arsenic and atropine, after the formula of Dr. Whelan, as presented to the profession by Schieffelin & Co., of New York. We are all acquainted with the specific action of all three of these drugs upon mucous membranes, but the formula as presented and in these proportions has not been hitherto used to my knowledge.

As I write this, one great house at least, in New York, has been disabled by the grippe among its clerks, and at least one public school has been closed.

There is every reason to expect a continued spread of the unpleasant malady in all directions, and all remedies so far employed throughout Europe have proven entirely inefficacious either to cure or to arrest its progress.

But no such combination as this has, so far as I am aware, been tried across the water, and I heartily commend its thorough trial to every physician to whom this statement may come.

WILLIAM F. HUTCHINSON, M.D.

PROVIDENCE, R. I., DECEMBER 24TH, 1889.

Society Notes.

FRENCH CONGRESS OF SURGERY.

THE ELECTRICAL TREATMENT OF UTERINE FIBROIDS.

BY DR. APOSTOLI.

THE electrical treatment of uterine fibroids created by Apostoli in 1882, which has received from all sides almost unanimous approbation, was recently discussed before the Société de Chirurgie, during which discussion a method was brought forth, which pretends to be the best of all, and claims to be *new*, for the reason that it is based on the employment of currents of *moderate intensity*—the *extra uterine action* and the *reversed action*.

Apostoli attacks the active pretension: 1. The method particularized by MM. L. Championnière and Davion is *not new*, and is but a reproduction of ancient procedures already tried and in fact abandoned.

(a) Apostoli claims the priority and the paternity of all medical electrical applications exceeding fifty milliamperes. During two years he has exclusively employed intensities from forty to seventy milliamperes; since that time, he has considered it necessary to increase, not in an exclusive and blind manner as has been stated, but by a rational and progressive method according to the cases.

The intensity should be moderate in cases of uterine intolerance or peri-uterine affections; the intensity should be increased in all the grave forms, complicated by endometritis or by hemorrhage.

(b) Aimé Martin and Chéron were the *first ones* to particularize (1879) the action extra-uterine, either on the neck or on the vagina, and were the first to use the reversals, or the interruptions of the galvanic current.

Moutz Benedick, of Vienna, has also applied the reversed galvanic current before MM. L. Championnière and Davion.

2. The method particularized by MM. L. Championnière and Davion is inferior to the actual treatment of M. Apostoli.

(a) Because they *remain* surgeons and continue to perform castrations and hysterotomies.

(b) Because they *select their cases*, using the current in aged women or those but little sick, and operating on the young women.

(c) Because they admit of *failures*, which legitimize their surgical intervention.

(d) Because their method remains vaginal and *extra-uterine*, preventing all cure of the accompanying endometritis.

(e) Because with them the *relapses* are constant if they do not entertain the treatment.

(f) Because they do not affirm as to the *disposition* of the inflammatory deposits.

(g) Because la fonction des eaux chlorurées sodiques which they praise, shows that their method is *at fault*.

(h) Because they have not proved the *evident anatomical reduction of the fibroma*.

To the statements of MM. L. Championnière and

Davion, which are based on seven months' experience and eleven cases, Apostoli opposes his method already established seven years, which has received the approval of all those who have used it, and which includes in all several thousand observations established in France and other countries.

His method is inoffensive and always supportable if the rules are conformed with (the very rare cases of death observed are due in a great part to errors in diagnosis—tumors of the appendages mistaken for fibroma and electrically treated).

His method is the most efficacious:

1. Because it has the pretension to suffice in itself, and to supplant in most cases surgery in the treatment of fibroma.

2. It does not require the selection of cases, and because all cases are ameliorated, young and old.

3. Because failure is the exception in all cases of simple fibroid tumors, not fibro-cystic, which are not complicated by ascites, and without puerperal lesions of the annexes.

4. Because there is utilized the action of vaginal galvano-punctures, either singly or in conjunction with the intra-uterine action, which is necessary for the endometritic lesions.

5. Because relapses are the exception, and the greater part of the results remains constant, if the treatment has been sufficiently prolonged.

6. Because it embraces within its sphere of action, under formulæ of intensity and divers localization, the treatment of fibroma, that of endometritis and metritis, and of a great number of cases of ovaro-salpingitis.

7. Because it can do without an additional treatment, even that of les eaux chlorurées sodiques.

8. Because there has been observed an anatomical reduction of the fibroma, not total, but partial.

Paris Letter.

GONORRHOEAL RHEUMATISM.

PROF. PETER, in his clinical lectures at the Necker Hospital, has been showing a number of these cases, in which he was able to demonstrate his theory of the causes of this disease, and prove that his treatment was efficacious.

The fact that such cases are seen without any gonorrhœa does away with the idea that the disease is properly named gonorrhœal rheumatism, and it often originates in any inflammatory discharge connected with the urethra. Dr. Peter believes that this trouble is due entirely to reflex disturbances. The urethral inflammation affects certain centers in the spinal cord and brain, and the altered conditions of these give rise to the changes in the articulation, and it is very reasonable to suppose that this is the correct theory in regard to this complaint. The male urethra, with all its complex and sensitive actions, its miction, its function of erection, and ejaculation, show that it is an organ that is highly sensitive, and one that would induce reflex action more than any other in the human body. The very fact that women enjoy a

comparative immunity from gonorrhœal rheumatism proves this theory, because the urethra of woman is used for miction only, and has none of the compound functions that the male one has, and is therefore less liable to reflex action. Be this theory correct or not, we wish simply in this short abstract of Professor Peter's lecture to call attention to his successful treatment used for such cases. The usual drug administration being most unsatisfactory, alkaline, salines, iodide of potassium, quinine, iron, etc., give little or no results, and the cases usually finish up with a permanent form of ankylosis, no matter what is done. Dr. Peter, however, has been able to show that three things will avert this ending, and these are revulsion, massage and immobility. The attention of the careful practitioner must only be directed to the local manifestations, and the patient must be kept in bed while the affected joint is protected by an apparatus in such a way that it shall be immobile, and then active revulsion must be applied at first with vesication, and then with thermo-cautery points up to *five and six hundred on each joint*; after this, massage, until the patient can walk. We have seen this active treatment bring around several of Dr. Peter's patients with the ability to walk, and rescue them from ankylosis. The blistering is very painful, but no anodynes are needed, as they only retard a cure. Dr. Peter says that poultices, opiated or not, and ointments containing drugs only condemn the patient to certain ankylosis. The administration of internal remedies is but little better, unless there is a syphilitic taint, when mercurials and iodide of potassium may assist a cure; but revulsion of an energetic type will be the only sure prevention of ankylosis, assisted by massage, to be continued for a long time. Sodium salicylate is useless.

REFORM IN MEDICAL TEACHING.

Drs. Huchard, Dujardin-Beaumetz, and Bournonville are active partisans of a reform in medical teaching; they say that theoretical teaching of medicine is *absolutely useless*, and the faculties of medicine at Bordeaux and Paris are inclining rapidly to that view. The reporter of a commission at Bordeaux said "That the purely theoretical chairs of medicine are the remains of a scholastic past, when the written word of ancient writers was everything, and the observation of facts was nothing." But this is being rapidly changed now—within the last few years the Paris faculty have suppressed the chairs of mental medicine and made Professor Ball a clinical professor only, and then followed Professor Fournier as *clinical* professor of venereal troubles. Next children's diseases was made a clinical chair only. This last year accouchments was transformed and two new clinical professors exist, and the teaching of the theory is confided to the assistant or agrégé professors. This month a proposal was made to transform the chair, or one of the chairs, of surgery into a clinical professorship of genito-urinary diseases, and Professor Guyon was mentioned for the post. It will be soon the same for all the clinical chairs, and new ones must come for eyes and ears, nose and larynx, gynecology, chest complaints, etc. Bournonville, and those with

him, want to create a *hospital medical school*, devoted to clinical education only, and *erect*, as he says, the faculty into a sort of high school of medicine and medical examinations, while the assistant professors should teach the theory required.

GASTRIC NEURASTHENIA.

Dr. Dujardin-Beaumetz has an excellent article on this subject, and we pass over rapidly his clever arguments to give you at once his prescriptions in such cases, which resumé the whole subject. It is intended for a case of medium dilatation of the stomach. First, let him take at each meal one of the following wafers (cachets):

R.—Bismuth salicylate,
English magnesia,
Sodii bicarb. āā 10 grammes.

M. and div. in chartas No. xxx.

Then let him take every night on retiring a dessert-spoonful of the following powder in a half glass of water:

R.—Follicules of senna (which have first been washed in alcohol, and powdered),
Sublimated sulphur āā 6 grammes.
Powdered fennel seed,
Powdered badian or anise . . . āā 3 "
Pulv. cream of tartar 2 "
Pulv. licorice 8 "
Powdered sugar 25 " —M.

Next, every day a cold shower douche should be taken on the spinal column. This should last only fifteen seconds, and, if the patient is a lady, the feet should be douched at the same time with hot water. After this, in both sexes, energetic friction must be made with a horse-hair glove.

Open air exercise, gymnastics, fencing, etc., are recommended, and strict injunction is given to follow the following alimentary regime.: Have at least seven hours between the two principal meals. If the patient takes three meals, the first should be at half-past seven o'clock; the second at eleven, and the third at seven P. M. He must not drink nor eat between meals. In the food used, eggs, feculants, and green vegetables, and fruits should predominate. The eggs must be slightly cooked (in *cream*, as the French call it). The feculants—such as potatoes, beans, rice, etc.—must all be reduced to a paste (mashed), and the green vegetables must be very well cooked. Mashed carrots, turnips, peas, salads must also be cooked. Fruits must be given stewed, except strawberries and grapes. Bread should be toasted. The soups must be thick, and made with rice, barley, etc. As to drink, only one glass and a half (300 grammes) [10½] of a mixture of light white wine and common water must be taken. None of the gaseous fluids, nor pure wines or liquors allowed. All shell fish, cheese, game, and fish are forbidden, as well as thin soups, or other liquid foods.

ULCERATION OF THE NECK OF THE UTERUS.

Dr. Terrillon, in a recent clinic, proposed to prove that this lesion is almost an imaginary one, and that the idea that there is a common trouble called ulceration of the uterine neck is a false one, and one that

should be combated in the interest of scientific medicine. Dr. Terrillon describes three forms of the os uteri: The first is the normal virgin one, and the second that of the woman who has had children. The third common appearance is an os that presents itself in a speculum slightly open and around it the surface looks red and granular, while it is covered with a slightly yellow-colored muco-pus. Here and there on the surface are little red points that are *intensely red*, and bleed at the slightest touch, and if you have a strong light thrown into the speculum, it seems as though the surface was roughened. This is what some authors call *ulceration*, or others *erosion*, of the neck of the uterus. Dr. Terrillon goes into long anatomical and microscopical details, and proves that this is not an ulceration, but only a slight disease of the mucous membranes, which by no means should be treated in the barbarous manner that it is by many physicians, as it depends on a chronic form of metritis only, and this should be treated, not the local manifestation. The speculum is to blame, it seems, for the hasty diagnosis of ulceration as it is at once used, while the touch by the index is not enough relied upon. It is certain that the appearance shown by the speculum cannot always be taken as proof that the malady is really an ulceration. The finger is better in many cases. If the case is epithelioma, the sensation of hardness, or of lumps in different places, is characteristic; while the appearance in speculum is perhaps almost the same in a simple ulceration from metritis. A little attention to these points, Dr. Terrillon thinks, will do away with the bad habit of making profound cauterizations of the os uteri whenever a slight *pseudo-ulceration* is seen, and prevent the profound and durable alterations that are frequently caused by this heroic form of treatment for what is most often a simple affection that should not be touched by local applications.

LEGAL MEDICINE.

A curious contrast is presented in the legal rights of doctors in France. The tribunals have pretended that they have a right to call upon the doctors to make an autopsy and pay them whatever they choose. A number of doctors at a place called Rodez, were notified by the court to make an autopsy in the case of a girl who was found dead, and presumed to have been assassinated. The doctors had, however, agreed not to answer the court's mandate, and everyone of them refused to attend. This was an effort on their part to force the hand of the law to make justice pay more than the usual very small fee allowed (about \$2.) The court, however, called them all up and fined them six francs each as a *flagrant delit*. A doctor can refuse the requisition of the law, unless the case is *absolutely urgent*, which it rarely is in found-dead cases. He can also say that he is not competent to judge if the person was murdered or not, and in this way defeat the judges, and it is likely that some means will be taken to force justice in France to give a fair fee to such physicians who are called upon to make an autopsy and give evidence. The French doctors find it rather hard that they can be called upon in such cases, and fined if they do not go, or if

they do, they have to accept almost nothing for their services. Then, as a contrast to this arbitrary action of the law, it is well-known that a doctor cannot obtain the slightest recognition from courts of law in France if he wants to make a patient pay his just fees, and in fact the law is so against the doctor that they almost never sue a patient for a bill; the law only giving about sixty cents a visits for such claims.

URTICARIA

was the subject on debate at a recent meeting of the medical society of the Paris Hospitals, and from their different statements we can take the idea of treatment. It must not be supposed that the stomach is only at fault, although we must look first to it, but the nervous susceptibility of the patient plays the most important part in the matter. Certain of the dermatologists were of the opinion that the nervous action that accompanies cutting of teeth in children is capable of producing hives, if the children are predisposed. The meaning of this word *predisposed* is difficult to give. It means that all children will not be liable to these attacks, and that it is necessary to have a peculiar organism, which is stated to be a *state of arthritism*, which is hereditary or acquired by defective hygiene. So that in treating urticaria, the physician must take into consideration three points: First the arthritism; here he must advise diet and general hygienic measures, and caution his patient not to use fatty substances, which check assimilation, nor sugars, which gives rise to oxalic acid; or preserved meats and game, as they contain substances called *extractiveness*, that increase the production of uric acid, and to beware of fatty foods, fish, oysters and shell fish, cheese, crabs, eggs, strawberries, etc.

Next the indication is to treat the disordered digestion by appropriate remedies, and here the indication varies with each case. The third indication consists in lowering the nervous reactions of the patient suffering from urticaria, and this is probably the most delicate part of the physician's duty, as the remedies destined to moderate this nervous action bring on frequently themselves cutaneous eruptions. This is the case with the bromides and antipyrin, and yet the bromide of potassium gives excellent results. Finally a fourth indication, which consists in treating the skin itself with a solution of corrosive sublimate (one in 1,000) has an influence difficult to account for, but which is frequently efficacious.

PARIS PUBLIC ASSISTANCE.

Some figures taken from a late report of the *Assistance Publique* will give an idea of the work of that great administration. In 1886, 406,213 persons were treated in the Paris hospitals and asylums. 12,441 wretched infirm people, 8,000 children, 2,200 insane. 19,000 women were confined, showing how they take advantage of hospital accommodation for this purpose. There are 11,001 beds in the Paris hospitals that are under the *Assistance Publique*. (The private hospitals are very few in number.) The medical corps consists of 88 physicians, and 40 surgeons, and 9 doctors attached to insane institutions, and also 9 accoucheurs.

Under the orders of the above are 212 internes, or

house surgeons, 8 dentists and 22 druggists, while 133 students are attached to the hospitals as externes. There are 48 laboratories attached to the hospital services, and it may be mentioned that the school of hospital infirmiers, or aids, gave 248 diplomas during 1888. The expense per head is stated to be for each inhabitant of the Paris hospitals 13 fr. 60, about \$2.70. The budget is considerable, and is more than that of some States. The last was frs. 41,417,600.

THOMAS LINN, M.D.

PARIS, DECEMBER 9, 1889.

Book Reviews.

A TEXT-BOOK FOR GENERAL THERAPEUTICS. By W. HALL WHITE, M.D., F.R.C.P., Senior Assistant Physician to, and Lecturer on Materia Medica and Therapeutics at, Guy's Hospital. With Illustrations, pp. 371. Price, in cloth, \$2.50. Macmillan & Co., London and New York, 1889.

The title of the above work is somewhat misleading, as by "General Therapeutics" is meant in this case those methods of treatment known to medicine outside of the *materia medica*. It embraces such matters as climatology, the use of compressed air, diet, hydro-therapeutics, lavage, venesection, electro-therapeutics, hypnotism, metallo-therapy and suspension. The literature upon these subjects is still in a scattered condition, and Dr. White has done a good service in collecting and thus presenting it in a condensed form. The present volume is the outcome of the author's lectures during the summer session to the students at Guy's Hospital. The matter is therefore presented in a simple, practical manner, though unfortunately in too condensed a form to be completely satisfactory. Any one of the single questions here discussed, would require for its proper elucidation an entire volume the size of the present one. This defect, however, is offset by a bibliography appended to the end of each chapter. The consideration of the foods is exceedingly brief and inconclusive, and it seems hardly the proper thing to introduce the feeding of children under the general head of the dietary for the sick. Speaking of static electricity, the author refers to "Rainey," by whom, we presume, he means Dr. Ranney. The description of Apostoli's methods of using electricity in the treatment of uterine fibroids is exceedingly meagre, considering the importance of the question just at the present time, and in a text-book of this sort, we could well do without the account of the results obtained at Guy's Hospital, in order to have the same space devoted to a fuller account of the technique. The chapter on hypnotism is highly commendable and particularly valuable for its copious references to other authors. It is too soon to expect a more complete resumé of the method and results of suspension than is here presented; it is even questionable whether the introduction of such a novel procedure into a text-book is yet advisable.

Taken all in all, however, we can recommend Dr. White's effort, knowing that both students and physicians will find herein many useful and available suggestions in regard to the general treatment of disease; but we hope that the author will give special

attention to the revision of some of his chapters, if a new edition of the work should be called for.

The illustrations are fair, the typography is clean and open, and the binding attractive and tolerably strong.

The Physician's Visiting List (Lindsay and Blakiston's) for 1890. Thirty-ninth year of its publication. P. Blakiston, Son & Co., Philadelphia.

This well-known visiting list needs no special comment from us. The reference tables, arrangement of the blank leaves, printing, binding and cover are all quite equal to the excellence of previous editions. We commend this list to our readers as a most useful and convenient article.

Digest and Criticisms on the United States Pharmacopœia. Sixth Decennial Revision (1880). Part II. Published by the Committee of Revision and Publication of the Pharmacopœia of the United States of America (1880-1890). New York, 1889.

A small volume full of useful suggestions, interesting to all who are interested in the more perfect nomenclature, preparation and dispensation of medicinal drugs.

Pamphlets.

The American Academy of Medicine, Annual Address of the President, FREDERIC HENRY GERRISH, A.M., M.D., delivered at New York, November 13, 1888. Printed by order of the Academy. Pp. 27. Philadelphia, 1889.

Some Conditions of Muscular Debility in which Fellows' Hypophosphites are useful. (For the Medical Profession.) Part VIII. Pp. 96. New York, 1888.

Cases of Tuberculosis Papillomatosa Cutis. Illustrated with chromo-lithographic plates. By Prince A. Morrow. Reprint from the Jour. Cutan. and Vener. Dis. New York, Wm. Wood & Co.

Annual Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States, for the fiscal year 1889. Washington Government Printing Office, 1889.—The most interesting part of this bulky volume of 477 octavo pages, is that relating to yellow fever. Full reports of cases are given, with clinical charts, etc.

Annual Catalogue of the Medical College of Virginia, Richmond. Session 1888-'89, and Announcement of Session 1889-'90. Pp. 24. Everett Waddey, Richmond, 1889.

Personal Observations of Leprosy in Mexico and the Sandwich Islands. By Prince A. Morrow, A.M., M.D.

Concealed Pregnancy: Its Relations to Abdominal Surgery. By Albert Van der Veer, M.D., Prof. of Didactic, Abdominal and Clinical Surgery in the Albany Medical College, etc. A paper read in the Section on Obstetrics and Diseases of Women and Children, Medical Association, Newport, June, 1889. Pp. 28. Reprint from the Amer. Journal Obstet. and Dis. Wom. and Children, Nov., 1889. New York, Wm. Wood and Co., 1889.

Annual Announcement of the Hospital College of Medicine, Medical Department of Central University, Louisville, Ky. Session of 1890. Pp. 32. Wm. H. Bolding, M.D., President. Jas. Lewis Howe, M.D., Ph.D., Dean. College Building, 324 East Chestnut street, Louisville, Ky.

Catalogue and Announcements of the University of Colorado. Pp. 90. Sept., 1888—Oct., 1889. W. F. Robinson and Co., Denver, Colorado, 1889.

A Hitherto Undescribed Disease of the Ovary: Endothelioma changing to Angelioma and Hæmatoma. By Mary A. Dixon Jones, M.D., Brooklyn. Pp. 29. Illustrated. Reprint from N. Y. Med. Jour., Sept. 28, 1889.

The Medical Digest.

SALICYLATE OF SODA IN DYSMENORRHOEA.—Reynolds and Haven (*Boston Med. and Surg. Jour.*) have had excellent results from the use of salicylate of soda in dysmenorrhoea. The action they think is only temporary, but the relief from pain most marked. They gave it in ten-grain doses three times a day for one week before the catamenia, and afterwards as long as the pain had usually lasted.

ABNORMALITY OF THE NASO-PHARYNX.—George Major (*Montreal Med. Jour.*) reports three cases of a rare deformity of the naso-pharynx. The abnormality consists of an apparent prolongation backward of the vomer, forming a more or less firm partition in the naso-pharyngeal cavity. But two other similar cases have been recorded, one by Dr. John Mackenzie, of Johns Hopkins Hospital and the other by Dr. Ph. D. Photiades, of Constantinople.

SIMULTANEOUS PERFORATION OF GASTRIC ULCERS.—Hektoen, in the *North Amer. Pract.*, records an observation which is probably unique, namely: the simultaneous perforation of three gastric ulcers. The case was that of a young woman who had died after a violent illness of thirty-six hours. He had been called merely to perform the autopsy. There were but these three ulcers, and each had perforated the coats of the stomach at the same time.

DIAGNOSIS BETWEEN TRUE AND DIPHTHERITIC CROUP.—The following are among the points of contrast between these two diseases, according to Gay, of the Boston City Hospital:

TRUE CROUP.	DIPHTHERITIC CROUP.
A local disease.	A constitutional disease.
Begins in the larynx.	Begins in the fauces.
Pharynx slightly affected.	Pharynx extensively affected.
Not traceable to local causes.	Often traceable to local causes.
Seldom occurs in adults.	Often occurs in adults.
Neither contagious, nor infectious.	Both contagious and infectious.
Not epidemic.	Often epidemic.
No affection of lymphatics.	Lymphatics often affected.

—*Kansas Med. Jour.*

RECTAL STRICTURE.—Denny (*Northwestern Lancet*) believes that this condition is frequently overlooked, perhaps on account of indisposition to examine the organ. Constipation is generally what brings the patient to the doctor, and of this he says: "This symptom, if accompanied by straining at stool, should at least cause suspicion, especially if accompanied by small scybalous discharges alternating with watery stools; it is rare to find pipe-like stools. As the trouble increases if stricture be present, blood may discolor the discharges. If there be no ulceration, whitish, mucoid matter is usually voided before faecal matter comes away. With this condition we usually have pain, not in the rectum itself as frequently as in the lower back, thighs or in the pit of the stomach, and again it is in the pit of the abdomen, extending across from the umbilical region. This pain is often severe, but is not of the sharp lancinating character of cancer."

THE USE OF THE TAMPON IN UTERINE HYPERTROPHY.—Dr. George J. Englemann, of St. Louis, Mo., after speaking of the merits of the dry treatment for uterine hyperplasia, gives the following reasons for employing the tampon:

"The most important feature of the dry treatment is the tampon which I use:

"First, on account of its medicinal properties, as a carrier of the remedial agent;

"Second, mechanically as a support to hold in place the uterus or other of the pelvic viscera, and as a compressor for the cedematous tissues and the dilated capillaries.

"Third, as a stimulant or alterative to the tissues.

"Fourth, to splint and steady the parts, to give rest;

"Fifth, to cleanse and render them aseptic by absorbing the discharge, keeping the vaginal walls dry and clean;

"Sixth, as a mechanical protector, keeping the tissues apart, preventing friction and irritation, as well as exposure to cold."—*Kansas Med. Jour.*

ITALIAN NOTES.

Translated by W. F. Hutchinson, M.D.

SCIATICA.—Dr. Luigi Gottardi, of Modena, reports a case of sciatica that had resisted all ordinary treatment cured by suspension with Charcot's apparatus and counter-extension by means of weights applied to the affected limb.—*Il Giornale del Ro. Esercito.*

PULSATILE PLEURISY.—Dr. J. Comby has contributed an article on the so-called "pulsatile pleuritis," of which several writers have spoken lately. He says: "On the affected side the walls of the chest pulsate, and the pulsations are synchronous with those of the heart. At first this might be mistaken for aneurism of the thoracic aorta, but absence of murmur and other physical signs make the diagnosis very easy. In these cases the pleurisy is always purulent and chronic and lung complication great, the compression remaining even after the effusion has been evacuated."—*Ibid.*

INOCULABILITY OF MALARIA.—In the Roman clinics under the direction of Professor Bacelli, very important experiments have been made, confirming the already admitted belief of the inoculability of malarial fever. Inoculations were performed with blood drawn from the basilar veins of patients without fever, and results were constant, the fever developing after some days of incubation.

After using blood from patients suffering with a quartan, microscopical examination was able to show that the malaria parasite develops in the red corpuscles, destroying the haemoglobin until it is set free. At this stage, which in quartans is reached in three days, the parasite commences to multiply by endogony, and therewith begins a new paroxysm.

By these experiments, therefore, not only has the inoculability of malaria been proven, but also that quartans are the result of a different cause from that of other forms of the disease. This seems a most important addition to our knowledge of bacteriology.

—*La Riforma Medica.*

Medical News and Miscellany.

BROMINE is becoming popular as a disinfectant.

GRAVE-ROBBERS have been captured at Washington.

NEW YORK had ninety-five deaths from pneumonia last week.

EPIZOOTY prevails among horses in Tazewell County, Ill.

THE common field thistle is said to be a remedy for neuralgia.

THE cigarette is more injurious than any other form of tobacco.

DIPHTHERIA at Huron, South Dakota, has been stayed by quarantine.

A FAMILY in this city has lost three children from pneumonia in ten days.

A NUMBER of cases of typhus fever have appeared in the New York hospitals.

DR. JAMES H. HUTCHINSON, of Philadelphia, died last week of Bright's disease.

INFLUENZA has reached Denver, where seventy-five per cent. of the people suffer from it.

A SEVENTY-EIGHT year old woman, of Mineral Bluff, Ga., is cutting an entire set of teeth.

READING is instituting a crusade against the violators of the law prohibiting cigarette selling.

DR. CHARLES O'DONOVAN, a prominent Baltimore physician, died of heart disease, on December 24.

THE New York Hospitals require donations of \$393,092.25 annually to keep even with the world.

ONE of the truest of charities is that giving to the Philadelphia Hospital an entertainment on Christmas.

A LUNATIC who has been persecuting Dr. Henry Leaman was arrested and sent back to Norristown.

DR. J. MEDLEY has resigned from the Woman's Homœopathic Hospital on account of the Christian scientists.

DR. MCFARLAND, of Bordentown, has been appointed physician of the Pennsylvania Railroad at that place.

DR. JOSEPH HUGG, formerly of the United States Navy, dropped dead from heart failure, at the Colonnade Hotel.

DIPHTHERIA is prevailing to an alarming extent at Hatfield, Souderton and vicinity, along the North Penn Railroad.

THREE cases of malignant typhoid fever have appeared among the treasury employees at Washington within a week.

A GIRL of sixteen, living near Atlanta, Texas, has recently developed a periodic appetite for raw flesh and blood, which she devours like an animal until satisfied.

THE experiment of raising cinchona trees is being made in California, and it is hoped that we can have domestic quinine.

A MAN in Gouverneur, N. Y., died from the effects of atropine, which a druggist had put up in mistake for antipyrin.

MANY people fall ill of disease simply through fear of it, the imagination having so powerful an influence on the human body.

PROFESSOR STOWELL urges medical students to dissect cats, as a means of studying the arrangement of nerve cells in the spine.

THE epidemic of diphtheria has become so serious in Clinton District, near Morgantown, W. Va., that a large hospital is to be erected for the special treatment of that disease.

BANQUET OF THE CLASS OF '78, JEFFERSON MEDICAL COLLEGE.—The second annual banquet of the Class of '78, Jefferson Medical College, was held at Hotel Bellevue, December 20, 1889. Among the gentlemen who responded to toasts were A. H. Hulshizer, Chas. W. Karsner, Lambert Ott, J. A. Wamsley, Jno. C. Da Costa, H. H. Drake, H. A. Brous, J. Moore Campbell, James Lineven, and E. T. Wilhelm.

The President, L. Webster Fox, appointed Drs. J. Moore Campbell, Ott, Wamsley, Brous, and Hulshizer, a committee to arrange for a third annual banquet, to be held November 19, 1890.

OBITUARY.

DR. JAMES H. HUTCHINSON died suddenly at his residence, No. 133 South Twenty-second street, December 27, 1889, of uræmia. On Wednesday night he retired in good health, and on Thursday morning arose to take his bath. Some considerable time later he was found unconscious. Drs. Ashurst and Sinkler were summoned, but medical skill failed to revive him, and he died without having uttered a word from the time he was stricken.

Dr. Hutchinson's is one of the oldest families in Philadelphia, on both sides. His widow was formerly Miss Ingersoll, daughter of the late Charles Ingersoll. His father, the late I. Pemberton Hutchinson, was widely known, and held a number of important public positions. It was during his Consulate at Lisbon, Portugal, in 1834, that James H. was born. At the age of about four years the deceased came to Philadelphia with his parents. In early life he was sent to a boarding school in New Haven, Conn. Later he returned to Philadelphia and entered the University of Pennsylvania, from which he graduated in arts and medicine in 1858. He then served a term as resident physician of the Pennsylvania Hospital, after which he spent a year in Europe, visiting the hospitals in Paris and Vienna.

Upon his return to Philadelphia he took up the practice of his profession and became prominent in a number of professional, philanthropic, and educational institutions. He was Vice-President and Honorary Librarian of the College of Physicians; was an influential Manager and Chairman of the Household Committee of the Pennsylvania Institution for the Instruction of the Blind; was a Trustee of the University of Pennsylvania, and took a deep interest in its progress. He was a Director of the Philadelphia Library, and was an attending physician at the Pennsylvania and Children's Hospitals. Dr. Hutchinson was widely known in both professional and social circles. He was a member of the Committee on Membership of the Rittenhouse Club, and was a frequent contributor to a number of medical periodicals. He was also a vestryman of St. James's Protestant Episcopal Church. He leaves a widow and five children.

IN MEMORIAM.—ACTION OF THE COLLEGE OF PHYSICIANS ON DR. HUTCHINSON'S DEATH.—At a special meeting of the College of Physicians, held on Saturday afternoon, to take action on the death of Dr. Hutchinson, the following minute was unanimously adopted:

"The College of Physicians of Philadelphia has heard with profound regret of the death, after only a few hours' illness, of its Vice President, Dr. James H. Hutchinson, and hereby records its profound sense of the loss—to human eyes irreparable—thus occasioned, not alone to its own body, but as well to the whole medical profession of the city and vicinity, and to the entire community.

"Still in the prime of life, with skill and knowledge broadened and confirmed by wide and ever-growing experience, Dr. Hutchinson shone prominent both as a faithful and trusted family physician, and as a consultant whose advice and assistance were largely sought for and highly prized by his fellow-practitioners, all of whom recognized both the value of his counsel and the uniform candor and conscientious honesty with which it was bestowed.

"A fellow of this college for more than a quarter of a century, he served it in council and committee-room with a zeal and fidelity which are amply witnessed by its transactions and by the records of its library, and which but met with its just recognition in his unanimous election to the honorable office of Vice President.

"A scholarly and accomplished writer; an able clinical teacher; a skilful and judicious practitioner, well exemplifying the highest and best type of the practical physician; a high-minded, honorable Christian gentleman, tried and true in all the various relations of an active, busy life—his death leaves a gap which can never be filled; a precious memory which will endure long after those who now grieve for him shall themselves have passed away forever."

THE INFLUENZA.—There can be no doubt that the epidemic has reached Philadelphia, and was at work during last week. As a consequence, the deaths ran up to 404; an increase of 38 over the preceding week and 55 over the corresponding week of last year. The principal causes were as follows:

Consumption of the lungs	57.
Pneumonia	33.
Heart disease	27.
Typhoid fever	26.
Old age	23.
Convulsions	15.
Debility	14.
Apoplexy	11.
Croup	11.
Inflammation of brain	11.
" " bronchi	11.
Diphtheria	10.
The deaths from microbic affections were	146.
" " " respiratory " " " " " " " "	124.

The epidemic appears to be quite general, but mild in its effects; the danger lying in the increased fatality of other affections. This is shown by the large increase in the number of deaths reported from chronic ailments and old age and debility.

For the febrile symptoms, phenacetine has proved

the best of the new antipyretics; bromide of potassium relieves the headache, and Huxham's tincture in large doses answers well for the convalescence. The catarrhal symptoms have not proved frequent or severe in the writer's cases, but quite intractable to treatment.

To Contributors and Correspondents.

ALL articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from December 15, 1889, to December 28, 1889.

By direction of the Secretary of War, Lt.-Col. Charles T. Alexander, Surgeon, will be relieved from duty as Medical Director, Department of the Columbia, on receipt of this order at the headquarters of that department, and will report in person to the commanding general, Division of the Atlantic, for the purpose of preparing for and becoming familiar with the duties of attending surgeon in New York City. He will also, upon his arrival in New York, assume the duties of examiner of recruits in that city.

WATERS, WILLIAM E., Major and Surgeon, will take temporary charge of the office of Medical Director, Department of the Columbia, upon the relief of Lt.-Col. Alexander, and perform the duties pertaining thereto.

S. O. 291, A. G. O., Washington, December 14, 1889.

Leave of absence for one month, to take effect not later than January 1, 1890; with permission to apply to Division Headquarters for an extension to include February 27, 1890, is granted Major Calvin De Witt, Surgeon, Fort Missoula, Montana.

BELL, R. R., First Lieutenant and Assistant-Surgeon, is relieved from temporary duty at Fort Sill, I. T., and will return to his proper station, Fort Riley, Kansas. Headquarters, Department of the Missouri, Fort Leavenworth, Kansas, December 12, 1889. Special Order No. 182.

With the approval of the Secretary of War, the leave of absence granted Captain C. N. B. Macaulay, Assistant-Surgeon, in S. O. 166, Nov. 8, Dept. Mo., is extended one month. Par. 10, S. O. 294, A. G. O., December 18, 1889.

Leave of absence for one month is granted Captain George McCreery, Assistant-Surgeon (Fort Warren, Mass.), to take effect upon the arrival at that post for temporary duty of Captain Samuel Q. Robinson, Assistant-Surgeon. Par. 6, S. O. 209, Div'n Atlantic, December 18, 1889.

ROBINSON, SAMUEL Q., Captain and Assistant-Surgeon (Fort Hamilton, N. Y. H.), will proceed without delay to Fort Warren, Mass., and report to the post commander for temporary duty. Par. 3, S. O. 289, Div'n Atlantic, December 18, 1889.

By direction of the Secretary of War, Captain Paul R. Brown, Assistant-Surgeon, now at Trinidad, Colorado, will report in person to the surgeon in charge of the Army and Navy General Hospital, Hot Springs, Arkansas, for admission to and treatment in the Hospital. Par. 16, S. O. 296, A. G. O., December 20, 1889.

Changes in the Medical Corps of the United States Navy for the week ending December 28, 1889.

STONE, E. P., Passed Assistant-Surgeon. Ordered to the Independence, More Island, Cal.

Medical Index.

A weekly list of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

Aprosexia, Guye. Jour. of Laryngol., Dec. 1, 1889.
 Antiseptic treatment and protection for the membrana tympani in perforations, the result of otorrhoea, Turnbull. Jour. Amer. Med. Ass'n, Dec. 14, 1889.
 Albumen-maltose and its preparation, Budde. Dublin Jour. Med. Science, Dec. 2, 1889.
 Acute peritonitis following vulgo-vaginal catarrh in a girl seven years old, Huber. Arch. Ped., Dec., 1889.
 Artificial feeding of infants, Meigs. *Ibid.*
 Antipyretics, Whittier. Bost. and Surg. Jour., Nov. 7, 1889.
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